

ANNEX VII. TERMS AND CONDITIONS OF EXTERNAL ACADEMIC PLACEMENTS MODIFICATION REQUEST

Placement Reference (if applicable):

PLACEMENT STUDENT

ID NUMBER: VAT NUMBER: ID NUMBER: HOURS ASSIGNED FOR THE SUPERVISION: ID NUMBER: HOURS ASSIGNED FOR THE SUPERVISION:	PHONE NUMBER: DEGREE: FACULTY/ SCHOOL CAMPUS: TYPE OF PLACEMEN COLLABORATING NAME:	TT: Curricula	E-MAIL:		
Extracurricular VAT NUMBER: ID NUMBER: HOURS ASSIGNED FOR THE SUPERVISION: ID NUMBER: HOURS ASSIGNED FOR THE	NUMBER: DEGREE: FACULTY/ SCHOOL CAMPUS: TYPE OF PLACEMEN COLLABORATING NAME:	TT: Curricula		acurricular	
ID NUMBER: HOURS ASSIGNED FOR THE SUPERVISION: ID NUMBER: HOURS ASSIGNED FOR THE	DEGREE: FACULTY/ SCHOOL CAMPUS: IYPE OF PLACEMEN COLLABORATING NAME:		r Extra	acurricular	
ID NUMBER: HOURS ASSIGNED FOR THE SUPERVISION: ID NUMBER: HOURS ASSIGNED FOR THE	FACULTY/ SCHOOL CAMPUS: TYPE OF PLACEMEN COLLABORATING NAME:		r Extra	acurricular	
ID NUMBER: HOURS ASSIGNED FOR THE SUPERVISION: ID NUMBER: HOURS ASSIGNED FOR THE	COLLABORATING NAME:		r Extra	acurricular	
ID NUMBER: HOURS ASSIGNED FOR THE SUPERVISION: ID NUMBER: HOURS ASSIGNED FOR THE	CAMPUS: TYPE OF PLACEMEN COLLABORATING NAME:		r Extra	acurricular	
ID NUMBER: HOURS ASSIGNED FOR THE SUPERVISION: ID NUMBER: HOURS ASSIGNED FOR THE	COLLABORATING NAME:		r Extra	acurricular	
ID NUMBER: HOURS ASSIGNED FOR THE SUPERVISION: ID NUMBER: HOURS ASSIGNED FOR THE	NAME:	G ENTITY			
ID NUMBER: HOURS ASSIGNED FOR THE SUPERVISION: ID NUMBER: HOURS ASSIGNED FOR THE	NAME:	G ENTITY			
ID NUMBER: HOURS ASSIGNED FOR THE SUPERVISION: ID NUMBER: HOURS ASSIGNED FOR THE	NAME:	G ENTITY			
ID NUMBER: HOURS ASSIGNED FOR THE SUPERVISION: ID NUMBER: HOURS ASSIGNED FOR THE					
ID NUMBER: HOURS ASSIGNED FOR THE SUPERVISION: ID NUMBER: HOURS ASSIGNED FOR THE	ENTERNY CLIDEDAY				
NUMBER: HOURS ASSIGNED FOR THE SUPERVISION: ID NUMBER: HOURS ASSIGNED FOR THE	ENTERN CLIDEDAT			TVC MBER.	
NUMBER: HOURS ASSIGNED FOR THE SUPERVISION: ID NUMBER: HOURS ASSIGNED FOR THE	EXITITY OF IDEDAI				
NUMBER: HOURS ASSIGNED FOR THE SUPERVISION: ID NUMBER: HOURS ASSIGNED FOR THE	ENTITY SUPERVI	SOR			
NUMBER: HOURS ASSIGNED FOR THE SUPERVISION: ID NUMBER: HOURS ASSIGNED FOR THE	SUPERVISOR 1				
HOURS ASSIGNED FOR THE SUPERVISION: ID NUMBER: HOURS ASSIGNED FOR THE	NAME AND				
SUPERVISION: ID NUMBER: HOURS ASSIGNED FOR THE	SURNAME:				
ID NUMBER: HOURS ASSIGNED FOR THE	POSITION:				
NUMBER: HOURS ASSIGNED FOR THE		T =	SUPE	RVISION:	
NUMBER: HOURS ASSIGNED FOR THE	PHONE	E-MAIL:			
NUMBER: HOURS ASSIGNED FOR THE	NUMBER:				_
NUMBER: HOURS ASSIGNED FOR THE	SUPERVISOR 2				
HOURS ASSIGNED FOR THE	NAME AND			ID	
	SURNAME:			NUMBER:	
SUPERVISION:	POSITION:		HOU	RS ASSIGNED FOR THE	
1			SUPE	RVISION:	
	PHONE	E-MAIL:			•
	NUMBER:				

ID.					
ID NUMBER.			11011		
NUMBER:	POSITION:				
NUMBER: HOURS ASSIGNED FOR THE	PHONE	E MAII.	SUPE	EVISION:	
NUMBER:		E-MAIL:			
NUMBER: HOURS ASSIGNED FOR THE	NUMBER:				
	PHONE	E-MAIL:	SUPE	ID NUMBER: RS ASSIGNED FOR THE	
			ПОП		
NUMBER:	FUSITION:				
NUMBER: HOURS ASSIGNED FOR THE	PHONE	F-MAII ·	SUPE	KVISION.	
NUMBER: HOURS ASSIGNED FOR THE		E-MAIL:			
NUMBER: HOURS ASSIGNED FOR THE	NUMBEK:	I			

Universida_{de}Vigo

SUPERVISOR 2

NAME AND SURNAME:			ID		
			NUMBER:		
DEPARTMENT:		HOURS ASS	IGNED FOR	THE	
		SUPERVISIO	ON:		
PHONE NUMBER:	E-MAIL:				

MODIFICATION AGREED BY BOTH PARTIES

EFFECTIVE DATE:

INFORMATION TO BE MODIFIED:	Extension of the placement period
	Temporary suspension
	Total Hours
	Schedule
	Training Project
	Supervisor of the collaborating entity
	University Supervisor
	Add a supervisor from the collaborating entity
	Add a university supervisor
	Remuneration
	Travels
	Other reasons:
REASONS FOR THE	
MODIFICATION:	
DETAILS OF THE DATA TO BE	
MODIFIED	
For Example:	
In case of new supervisors, please indicate name and surname, phone number and e- mail	
• In case of a new end date: please, indicate it	

Place and date:

Name, surname and signature:

ACADEMIC SUPERVISOR 1 ACADEMIC SUPERVISOR 2 STUDENT

ENTITY SUPERVISOR 1 ENTITY SUPERVISOR 2 ENTITY SUPERVISOR 3

Universida_{de}Vigo

INSTRUCTIONS:

- 1. In case of **curricular placements**: submit this document, duly signed, to the academic supervisor or to the placement coordinator of your faculty/school.
- 2. In case of extracurricular placements, submit this document, duly signed, to the Fundación da Universidade de Vigo.

BASIC INFORMATION ABOUT THE PROTECTION OF YOUR DATA:

Responsible Entity: Universidade de Vigo

Purpose: To manage and process educational cooperation agreements and to carry out external placements, job offers and practical training exchanges at the Universidade de Vigo.

Legitimacy: The processing of personal data collecting in this document is based on the powers attributed by the organic law 6/2001, of 21 December, on universities and developed by Royal Decree 592/2014, of 1 July, which regulates the external academic placements of university students.

Transfer: Not foreseen

Rights: Interested parties may exercise the following rights: access, rectification, deletion, limitation of processing, opposition and, where appropriate, data portability.

Origin of the information: The information collected in this form comes from the interested party or his/her legal representative.

Additional Information: uvigo.gal/proteccion-datos