REGISTER NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

FINAL YEAR PROJECT PROPOSAL DEGREE/MASTER IN A COMPANY

**I - Company data**

|  |  |
| --- | --- |
| **Name of the company/institution:** | |
| **Address:** | **Full Name and ID Number from Legal Representative**: |
| **Location**: | **E-mail**: |
| **Telephone**: | **Web**: |

**II – Project description:**

|  |  |
| --- | --- |
| **Final Project Proposal Degree:**  [**Tourism Management**](http://www.cett.es/html/ang/lespededirecturis_pres_intr.html) **( )**  [**Hotel Management**](http://www.cett.es/html/ang/lespededirechotel_pres_intr.html) **( )** | **Final Project Proposal Master:**  [**Hotel Management**](http://www.cett.es/html/ang/direchotel_pres_razoparacursaestemaste.html) **( )**  [**Catering Management**](http://www.cett.es/html/ang/master-direccion-restauracion.html) **( )**  [**Events Management**](http://www.cett.es/html/ang/master-events-management.html) **( )**  [**Quality and Environmental Management**](http://www.cett.es/html/ang/direcdelacalidyelmedioambie_pres_razoparacursaestemaste.html) **( )**  [**E-tourism**](http://www.cett.es/html/ang/etourestrademarquycomer_pres_razoparacursaestemaste.html) **( )** |

|  |  |
| --- | --- |
| **Title or issue:** | |
| **Resume:** | |
| **Review of the objectives and content of the project draft:** | |
| **Synopsis of the functions to be performed by the student:** | |
| **Expected final results of the project:** | |
| **Skills and knowledge that the student should have to carry out the project:**  **Essential:**  **Recommended:** | |
| Project start date: | Project end date: |
| Timetable in the company: | Adress where the project will be carried out: |
| Pocket Money (optional): | Work tools available to the student: |

**III – Data to prepare the collaboration agreement.**

To be filled in when the student is confirmed.

**Student**

|  |  |
| --- | --- |
| Name and Surnames: | |
| Mobile number: | E-mail: |

**Company**

|  |  |  |
| --- | --- | --- |
| Name and Surnames of the Project Director: | | |
| Company Position: | | |
| Department: | | |
| Through phone number: | Fax: | E-mail: |

**University**

|  |  |  |
| --- | --- | --- |
| Responsible’s name in charge of the relationship with the company: MELISSA TORRES | | |
| Department: **CAREER SERVICES** | | |
| Through phone number: | Fax: 93 4286777 | E-mail [careerservices@cett.cat](mailto:careerservices@cett.cat) |

To fill by the University

|  |  |
| --- | --- |
| Name of the Professor in the University responsible for the project: | |
| Companion Position: | |
| Department: | |
| Through phone number: | E-mail: |
| Tutorial calendar at the University: | |

**IV Observations**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Project Director’s Signature  (Company Stamp) | Coordinator’s Project Signature  (CETT-UB Stamp) | Student’s Signature |

Application date: