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

FINAL YEAR PROJECT PROPOSAL DEGREE/MASTER IN A COMPANY

**I - Company data**

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

**II – Project description:**

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| --- | --- |
| **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) **( )** |

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| **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**

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

**Company**

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

**University**

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| --- |
| 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 |

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**

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

Application date: