

SOLICITUD DE INFORMACIÓN PARA LA TRAMITACIÓN DEL CONVENIO DE COOPERACIÓN EDUCATIVA PARA LA REALIZACIÓN DE PRÁCTICAS ACADÉMICAS EXTERNAS CURRICULARES POR LOS ESTUDIANTES DE GRADO Y MÁSTER OFICIALES DE LA UNIVERSIDAD DE LAS PALMAS DE GRAN CANARIA

1. Identificación de la Entidad Colaboradora:

Name or Social reason*:	CIF/NIF*:
Legal form*:	
Domicile*:	
Town*:	
Province*:	
Postcode*:	

2. Identificación del Representante:

Name and surname*:	
DNI*:	Position*:

3. Datos persona de contacto:

Name and surname*:
Telephone*:
Email*:
Postal address*:

4. Facultades con las que desea formalizar convenio*:

<input type="checkbox"/>	School of Architecture
<input type="checkbox"/>	Assigned University School of Tourism of Lanzarote
<input type="checkbox"/>	School of Telecommunications Engineering and Electronics
<input type="checkbox"/>	School of Industrial Engineering and Civil
<input type="checkbox"/>	Faculty of Economics and Business
<input type="checkbox"/>	Faculty of Law
<input type="checkbox"/>	Faculty of Health Sciences
<input type="checkbox"/>	Faculty of Physical Activity and Sport
<input checked="" type="checkbox"/>	Faculty of Marine Sciences
<input type="checkbox"/>	Faculty of Philology
<input type="checkbox"/>	Teacher Training School
<input type="checkbox"/>	Faculty of Geography and History
<input type="checkbox"/>	Faculty of Informatics
<input type="checkbox"/>	Faculty of Translation and Interpretation
<input checked="" type="checkbox"/>	Faculty of Veterinary Medicine
<input type="checkbox"/>	I. U.de Animal Health and Food Safety

**Paragraphs displayed with an asterisk are required to process the agreement.*