

TRAINING PERIOD 2016/2017

Preliminary Information

Formations en Informatique de Lille
Licence Informatique

Licence Miage

STUDENT

Name : _____

Mail during the training period : _____

COMPANY :

Address : _____

Zip Code : _____ City : _____

Country : _____

Website : _____

COMPANY INFORMATION

Domain : _____

Number of employees : _____

Number of employees in the computing departement : _____

In charge of training periods, human resources:

Name : _____

Title : _____

Tel : _____ email : _____

Responsible of the student in the company :

Title : _____

Tel : _____ email : _____

Student's location during the training period :

Address : _____

Tel : _____ email : _____

MISSION'S DESCRIPTION

Subject : _____

Details : _____

Estimated duration : _____

Size of the project : _____

Technologies : _____

Languages, software tools : _____

UNIVERSITY

Tuteur : _____

Contact :

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