

# « 1st WEEK » PROGRESS REPORT FLYLEAF

This form shall be sent to your ENAC tutor (and a copy sent to your course director) during the 1st internship week.

|  |  |
| --- | --- |
| *Name* |  |

|  |  |
| --- | --- |
| *Company* |  |
| *Internship subject* |  |
| *Dates of internship* |  |

## Contact details for internship tutor

|  |  |
| --- | --- |
| *Internship tutor or direct supervisor* |  |
| *Phone* |  |
| ***E-mail*** |  |
| ***Fax*** |  |
| Department |  |
| ***Full address*** |  |

## Intern contact details

|  |  |
| --- | --- |
| ***Full address within the company*** |  |
| Phone Your phone number in the company or secretary’s office number |  |
| ***E-mail*** |  |
| ***Fax*** |  |
| Personal Address Address to which ENAC can send you personal mail (preferably outside the company) |  |

Update : 21st OCT 2016