

**Tunisian Republic**

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**Private Higher School of  
Engineers of Gafsa**

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**Private Higher Education  
Institution, State-approved  
under N° 05-2013**



**الجمهورية التونسية**

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**المدرسة العليا الخاصة للمهندسين بقفصة**

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**مؤسسة جامعية خاصة مرخص لها من طرف  
الدولة تحت عدد: 05- 2013**

**A translated version of internship procedures and  
forms for all levels**

**Ecole Supérieure d 'Ingénieurs  
Privée de Gafsa**

**Private Higher School of Engineers of Gafsa: Limited Company with capital of 2000000 TND,**

**VAT: 000/M/A/1288848/S RC: B1747902013**

**Headquarters: University Campus 2112, Gafsa**

**Tel/Fax : (+216) 76 211 930 - (+216) 23 344 817 Website : [www.esip.tn](http://www.esip.tn) Email : [contact@esip.tn](mailto:contact@esip.tn)**

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## Proposal for a Compulsory Internship

Type of internship: Worker / Technician.

Academic year: xxxx/xxxx.

### Student details:

Name & First Name: XXXX Yyyyyy.

CIN / Passport number: XXXXX.

Class: XXXXXXXXXXXXXXXX.

Stream: Common Core.

Telephone(s): ..... / .....

E-mail: .....@.....

Done in Gafsa on: XX/XX/XXXX

Management



### Host company:

Company: .....

Head office address: .....

City: ..... Phone: ..... Fax: .....

Department where the course will take

place: .....

Address (if different from head office): .....

Phone: ..... Fax: .....

Course leader/supervisor: ..... Position: .....

Internship period fixed by the company (01 month): from ..... to: .....

Done at: .....le: .....

Signature & Company stamp

NB: Trainees are covered by an insurance policy taken out by ESIP-Gafsa: 10050052-001

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**PROPOSAL OF A SUBJECT FOR AN INTERNSHIP**

End of Study Project

**FROM 31/01/2022 TO 11/06/2022**

(AT LEAST 16 WEEKS ON PLACEMENT)

**Title (Topic):** .....

**Supervisor (ESIP):** .....

**Number of trainees desired:** ☐ **Name & Surname:** .....

(02 maximum) **Name & First Name:** .....

**Detailed description of the subject:** .....

**Theoretical knowledge required:** .....

**Practical knowledge required:** .....

Material(s): .....

System(s): .....

Methodology: .....

Programming language(s) : .....

Workshop / Development tools: .....

Other: .....

**Company name:** .....

**Address / Registered office :** .....

**Town :** ..... **Postal code :** ..... **Phone :** ..... **Fax :** .....

**Email :** ..... **Address where the course will take place :** .....

**Name of the person in charge:** ..... **Grade :** ..... **Tel :** .....

**Name of the supervisor:** ..... **Grade :** ..... **Tel :** .....

**Date:** ..... **Signature and stamp of the organisation**

\* A clear presentation of the project's objective is required, possibly adding an annex.

**NB:** Trainees are covered by an insurance policy taken out by ESIP-Gafsa: 10050052-001.

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Gafsa, on: .....

**Letter of Assignment**  
**Internship of Final Year “End of Study Project”**  
**FROM 31/01/2022 TO 11/06/2020**  
(AT LEAST 16 WEEKS ON PLACEMENT)

**Student:** XXXXX.

**Specialty:** Computer Science.

**Field:** XXXXX.

**Academic year:** 2021/2022.

**Type of course:** MANDATORY.

I would like to inform you that the subject of your final year project:

**SUBJECT**

has been accepted and you are appointed to carry out the project with:

**COMPANY**

Please contact your manager at the company as soon as possible:

▪ **Mr/Mrs** ..... **Tel:** .....

As well as with the teacher(s) responsible for the project at the Private Higher School of  
Engineer of Gafsa:

▪ **Dr.** ..... **Tel:** .....

To which you are required to submit a monthly report on the progress of your project approved  
by the company manager.

At the end of your work and according to a calendar that will be posted at ESIP, you are invited  
to hand in three copies of your dissertation to the school's internship service, together with a  
certificate of internship, and to present the results of your work to a jury.

**The Director**  
**Dr. Oussama BOUFARES**

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*Internship diary*  
(Worker / Technician)

Name and surname of trainee: .....

TEL: .....

Host Organisation: .....

Address: .....

Fields of activity: .....

Telephone: ..... Fax: ..... Internship

supervisor(s):

- .....
- .....

Internship periods: from ..... to .....

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**Calendar to be filled in by the trainee and validated by the internship supervisor**

*Week 1:*

Day (dd / mm)	Summary of tasks carried out and main difficulties encountered
Monday (...../.....)	..... ..... ..... .....
Tuesday (...../.....)	..... ..... ..... .....
Wednesday (...../.....)	..... ..... ..... .....
Thursday (...../.....)	..... ..... ..... .....
Friday (...../.....)	..... ..... ..... .....
Saturday (...../.....)	..... ..... ..... .....

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**Calendar to be filled in by the trainee and validated by the internship supervisor**

**Week 2:**

Day (dd / mm)	Summary of tasks carried out and main difficulties encountered
Monday (...../.....)	..... ..... ..... ..... .....
Tuesday (...../.....)	..... ..... ..... ..... .....
Wednesday (...../.....)	..... ..... ..... ..... .....
Thursday (...../.....)	..... ..... ..... ..... .....
Friday (...../.....)	..... ..... ..... ..... .....
Saturday (...../.....)	..... ..... ..... ..... .....
	<b>Date:</b> ..... / ..... / ..... <b>Signature of the supervisor and stamp of the host organisation</b>

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**Calendar to be filled in by the trainee and validated by the internship supervisor**

**Week 3:**

Day (dd / mm)	Summary of tasks carried out and main difficulties encountered
Monday (...../.....)	..... ..... ..... .....
Tuesday (...../.....)	..... ..... ..... .....
Wednesday (...../.....)	..... ..... ..... .....
Thursday (...../.....)	..... ..... ..... .....
Friday (...../.....)	..... ..... ..... .....
Saturday (...../.....)	..... ..... ..... .....
	<b>Date:</b> ..... / ..... / ..... <b>Signature of the supervisor and stamp of the host organisation</b>

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**Calendar to be filled in by the trainee and validated by the internship supervisor**

**Week 4:**

Day (dd / mm)	Summary of tasks carried out and main difficulties encountered
Monday (...../.....)	..... ..... ..... .....
Tuesday (...../.....)	..... ..... ..... .....
Wednesday (...../.....)	..... ..... ..... .....
Thursday (...../.....)	..... ..... ..... .....
Friday (...../.....)	..... ..... ..... .....
Saturday (...../.....)	..... ..... ..... .....
Date: ...../...../..... Signature of the supervisor and stamp of the host organisation	Remarks of the supervisor ..... .....

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## Minute of Evaluation of the course

### WORKER / TECHNICIAN

Academic year: XXXX/XXXX

Gafsa, on: .....

#### Student Details

Name & First name:	XXXXXXXXXX YYYYYYYY
C.I.N:	XXXX
Cycle:	Engineer
Level of study:	XXXX
Specialty:	Computer Engineering
Field:	XXXXXX

#### Members of the Jury

Name & First name	Signature	Observation
Dr. XXXXXXXXXXXXX		
Dr. XXXXXXXXXXXXX		
Dr. XXXXXXXXXXXXX		

#### NOTES


#### VALIDATION

YES <input type="checkbox"/>	<input type="checkbox"/>
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The Director

*Dr. Oussama BOUFARES*

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