

**Declaration of Acceptance**

I, [Name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with the ID/Citizen’s Card Nr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declares that I accept to participate in the 2023 CTM Summer Internship program as an intern in the project [Project number] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under the supervision of [Supervisor(s) name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** Please send us a filled in copy of this Declaration of Acceptance (photo/digital scan/signed pdf) to ctm-summer-internships@lists.inesctec.pt until the 9th of June 2023.