

**Pôle Etudiants, Partenaires et Personnels**

**Manuelle Rival**

**Eugénie Soriano**

**Tél : 04 67 41 61 24**

**Tél : 04 67 41 63 82**

UNIT :

LABORATORY :

Montpellier,

**UR/US (number and name) :**

<h2>TRAINING OR TEMPORARY STAY AGREEMENT</h2>
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The undersigned, Mrs, Miss, M.

Director of the research unit

at the I.R.D. centre in Montpellier, agrees that

Mrs, Miss, M.

will train under the supervision of

**who shall give the person received the informations and means necessary  
to his/her security**

This training will be about

and will take place from \_\_\_\_\_ to \_\_\_\_\_

**Name of the Scientific Director:**

**Name of the Director of  
the research unit:**

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

\_\_\_\_\_  
Stamp and signature :