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Pôle Etudiants, Partenaires et Personnels

Manuelle Rival
Eugénie Soriano

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UNIT :

LABORATORY :

Montpellier,

UR/US (number and name) :

TRAINING OR TEMPORARY STAY AGREEMENT

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 :