

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) :

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 :