

**Erasmus + International Credit Mobility Programme**

**Letter of Acceptance**

It is hereby certified that we accept Mrs./ Mr. [Full name of student] to carry out his/her traineeship at [name of organization] on the subject:

[………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… .]

The traineeship will last for [….] months and is scheduled during the [spring / winter] semester [from ..... to ......] during the academic year 202 ...- 202 .... . The daily working hours will be [from … to …], for a total of [.…] *(max: 30 hours)* hours per week and the language used during the traineeship will be […………………………….……]

The International Erasmus Programme will fund the traineeship.

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| --- | --- |
| Contact details of the Organization | Country/City: |
| Website: |
| Email: |
| Tel: |
| The person who will supervise this traineeship is Mrs/Mr: ……………………………………………………………………, with contact details: | |
| Full name: | |
| Position: | |
| E-mail/Tel./Postal Address: | |
| Full name and Signature of the responsible person:  Place/Date: | |
| Stamp of the Host Organization: | |