**Erasmus+ Traineeship Acceptance Letter**

To whom it may concern,

I, Name and Surname of the Undersigned, hereby confirm the acceptance of the student name and surname (born in Country on DD/MM/YYYY) at Name of the Host Institution, full address of the host Institution for a placement under the Erasmus+ Programme.

The student will carry out \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ activities in the field of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under the supervision of Name and Surname of the Supervisor.

The detailed programme of activities will be agreed upon in the “Learning Agreement for Traineeship”.

Period of the Traineeship: from DD/MM/YYYY to DD/MM/YYYY

Department (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Stamp and Signature

NAME and SURNAME of the supervisor or the Legal Representative of the Host Institution
Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail and Phone Number of the Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Erasmus Code of the Host Institution (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_