Letter of intent for a student / PhD student / graduate / post-doc[[1]](#footnote-1) of Medical University of Bialystok participating in the Erasmus+ Programme traineeship

1. **Details of the receiving institution**

|  |  |
| --- | --- |
| Legal name of the receiving institution |  |
| Address |  |
| Country |  |
| Erasmus code (if applicable) |  |
| Type of organisation |  |
| Size of organisation (approx. number of employees) |  |

1. **Details of the person responsible for the participant during the traineeship period**

|  |  |
| --- | --- |
| Name and surname |  |
| Position |  |
| Address |  |
| Postal code, city |  |
| Country |  |
| E-mail |  |

1. **Details of the student/PhD student/graduate/post-doc1**

|  |  |
| --- | --- |
| Name and surname |  |
| Year and field of study |  |
| Student ID number |  |

1. **Short description of the traineeship programme**

We, …………………………………………………………………. (name of the receiving institution) hereby confirm our willingness to host the above mentioned student / PhD student/graduate/post-doc**1** of Medical University of Bialystok for a traineeship placement from ………………….. to ……………………. within the framework of Erasmus+ Programme.

At the same time, we indicate the level of language knowledge, required to participate in the traineeship as ………………….. (language) ………… (level of knowledge: A1-C2).

The receiving institution binds itself to complete the traineeship programme according to the plan agreed upon by all three parties in the Learning Agreement for Traineeship form.

**Date, signature of authorized person, stamp of the receiving institution:**

………………………………………………………………………………………………………………..

1. Delete as appropriate [↑](#footnote-ref-1)