**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-doc[[2]](#footnote-2)**

|  |  |
| --- | --- |
| 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[[3]](#footnote-3) of Medical University of Bialystok for a traineeship placement from ………………….. to ……………………. within the framework of Erasmus+ Programme.

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)
2. Delete as appropriate [↑](#footnote-ref-2)
3. Delete as appropriate [↑](#footnote-ref-3)