**Letter of intent**

**for a student / PhD student / graduate / post-doc\***

**participating in the Erasmus+ Programme traineeship**

1. **Details of the receiving institution**

|  |  |
| --- | --- |
| Legal name of the receiving institution | Uniwersytet Medyczny w Białymstoku  (Medical University of Bialystok) |
| Address | Ul. Jana Kilińskiego 1  15-089 Białystok |
| Country | Poland |
| Erasmus code (if applicable) | PL BIALYST02 |
| Type of organisation | Higher Education Institution |
| 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\***

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

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

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|  |

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

We bind 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 |
|  |  |  |

*\*Delete as appropriate*