

ERASMUS + MOBILITY- PLACEMENT PERIOD

20 /20

ACCEPTANCE LETTER

It's hereby certified that _____ (NAME OF HOST INSTITUTION),
accepts the student _____, with the identification number _____ and
permanent residence in _____, as an Erasmus Student
for a Placement Period, accordingly to what follows:

TRAINING PERIOD

Duration	From ___ / ___ / ___ to ___ / ___ / ___ (total of ___ months)
Programme	- - - - -
Tasks of the Trainee	- - - -
Monitoring Plan	

RECEIVING INSTITUTION CONTACTS

Country	
Name	
Activity Sector (NACE code)	
Address, telephone, fax and e-mail	
Contact person / Tutor (name and contacts)	

Date: ___ / ___ / ___

Name and Position:

Signature:

Official Stamp: