

ERASMUS + MOBILITY- PLACEMENT PERIOD

20 /20

ACCEPTANCE LETTER

It's hereby certified that **NAME OF HOST INSTITUTION** , accepts the student **NAME OF THE STUDENT**, with the identification number **_____** and permanent residence in **STUDENT ADDRESS**, 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: