

ERASMUS + MOBILITY- PLACEMENT PERIOD 20 /20

ACCEPTANCE LETTER

It's hereby certi	fied that	NAME OF	HOST INS	TITUTION	, accepts the	student NA	AME OF THE
STUDENT, with the identification number and permanent residence in STUDENT ADRESS, 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 INSTI	TUTION C	ONTACTS					
Country							
Name							
Activity Sector							
(NACE code)							
Address,							
telephone, fax							
and e-mail							
Contact person							
/ Tutor (name							
and contacts)							
Date: / /							
Name and Position	on:						
Signature:							
Official Stamp:							

Gabinete Internacional de Mobilidade / International Mobility Office, Divisão de Serviços Académicos / Academic Services, *ISEG Lisbon School of Economics and Management - Universidade de Lisboa*

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