 

**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 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 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:

Gabinete Internacional de Mobilidade / International Mobility Office, Divisão de Serviços Académicos / Academic Division, ISEG - Instituto Superior de Economia e Gestão, School of Economics and Management of the *Universidade de Lisboa*

Rua do Quelhas, nº 6 - 1200-781 Lisboa

Telef : (+351) 21 392 2737; Email: imo@iseg.ulisboa.pt

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