**LETTER OF INTENT**

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| **Host institution**:…………………………………………………………………………………………………………………………….  Address: ………………………………………………………………………………………………………………………………………….  Country:……………………………………………………………………… |

Herewith we confirm, that we are willing to host Mr./Ms. …………………………………………………………….…….., student of MEDICAL UNIVERSITY OF BIALYSTOK for 3-month student placement from..…/……/2014 to ..…/……/2014 in frame of LLP-ERASMUS PROGRAMME.

Short description of students’ tasks and responsibilities:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

The name of person responsible for placement of ………………………………............................(name of the student)

Name:

Position:

Address:

Postal Code, City:

Country:

E-mail:

Date:

Signature of authorized person: Date:

Stamp of the host Institution: