



Attachment no. 12 to the Regulations

LETTER OF INTENT

.....

Name of Receiving Institution

.....

Place, date

We hereby confirm the willingness of accepting Mr/Ms, student of MEDICAL UNIVERSITY OF BIAŁYSTOK for a 3-month internship in the period from to as part of the project entitled **“High quality internship programmes at the Faculty of Pharmacy with the Division of Laboratory Medicine of Medical University of Białystok”**.

Kind regards,