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| **https://www.umb.edu.pl/photo/image/inne/logo_umb.jpg** | **MEDICAL UNIVERSITY OF BIALYSTOK**  **ERASMUS+ PROGRAMME**  **Student / PhD Student / Graduate / Post-doc Traineeships**  **LETTER OF INTENT** | EU flag-Erasmus+_vect_POS |

Załącznik nr 3 do Regulaminu Wyjazdów w ramach Programu Erasmus+ wprowadzonego Zarządzeniem Rektora nr

|  |  |
| --- | --- |
| **Host institution** |  |
| **Address** |  |
| **Country** |  |

Hereby, we confirm our willingness to host Mr. / Ms. ………………….……………………………………,  
 a Student / PhD Student/Graduate/Post-doc\* of MEDICAL UNIVERSITY OF BIALYSTOK for ~~at least   
 2-month~~ traineeship from …/…/20…… to …/…/20……. within the framework of Erasmus+ Programme.

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| --- |
| **Short description of the traineeship programme** |
|  |

|  |  |
| --- | --- |
| **Person responsible for the traineeship of the above-mentioned person** | |
| **Name** |  |
| **Position** |  |
| **Address** |  |
| **Postal code, city** |  |
| **Country** |  |
| **E-mail** |  |

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| --- | --- | --- |
| **Date** | **Signature of authorized person** | **Stamp of the host Institution** |
|  |  |  |

*\*Delete as appropriate*