**Opinion of the internship supervisor on the implementation**

**of compulsory student / PhD student\* traineeship**

**within the Erasmus+ Programme**

Białystok, ...............................

(Name and surname)

………………………………………………….

(year and field of study)

…………………………………………………

(student ID no.)

…………………………………………………

**REQUEST**

I kindly ask you to consent to the compulsory practice, which is an integral part of the studies in the field of ......................................., within the Erasmus+ Programme mobility: ........................................................................... (name of the receiving institution), planned
from \_\_ /\_\_ / \_\_\_\_ to \_\_ /\_\_ / \_\_\_\_ .

At the same time, I declare that the receiving institution has consented to the implementation of the traineeship.

**Date and signature of the applicant..............................................**

**OPINION OF THE TRAINEESHIP SUPERVISOR**

I, the undersigned .................................................................. agree / do not agree\* to the mandatory traineeship within the Erasmus+ Programme of the above mentioned student.

**Date and signature of the student/PhD student supervisor\*.............................................................**

**Date and signature of the University Coordinator of the Erasmus+ Programme .............................................................**

\* Delete as appropriate