**LETTER OF INTENT**

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

Herewith we confirm, that we are willing to host Mr./Ms. …………………………………………………………….…….., student of MEDICAL UNIVERSITY OF BIALYSTOK for at least 2-month student traineeship from..…/……/20…. to ..…/……/20…. in the framework of ERASMUS+ PROGRAMME.

|  |  |
| --- | --- |
| **Short description of traineeship program** |  |

The name of person responsible for traineeship of the student mentioned above:

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Address:** |  |
| **Postal Code, City:** |  |
| **Country:** |  |
| **E-mail:** |  |

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