**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 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: