

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 1-month internship in

.....

.....

(place of internship – name and address)

in the period from to as part of the project entitled
“We have POWER – investing in regional competences”.

Internship supervisor (name and surname)

Phone and email.....

Best regards,

.....
Legible signature of the representative of the Receiving Institution