

## 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 2-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