Organisation/Company

Letter of Acceptance
Academic Year 2025/26

Name of the Host Organisation:
Address:
Tel / Fax:
E-Mail:
Web Address:
Responsible Person:
E-Mail:

This is to certify that

student of

Department

is accepted to carry out an Erasmus+ traineeship at

Working language at the host organisation (required):

Second language (optional):

The Erasmus+ traineeship will take place in the period **from**: **to**:

Signature

Stamp of the host Organisation