

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