

PLEASE PRINT ON YOUR HEADED PAPER!

LETTER OF INTENT ERASMUS+ STUDENT PLACEMENT
20../20..

This is to confirm that we _____
(name of host institution)

will accept _____
(name and surname of student)

from the Wroclaw Medical University, for a Student Placement within the Erasmus+, for
a total of 2 months, from _____ to _____
(day, month, year) (day, month, year)

Contact person for student placement
(Name and surname, position, address/phone, fax and e-mail)

Representative of the company/organization

Name of the signatory: _____

Function: _____

(date)

(stamp and signature)