Załącznik 2 do Regulaminu SMT

............................

*place, date*

......................................................................

*Name of the Institution*

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*Address of the Institution*

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*Contact information of the Institution (e-mail, tel.)*

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*Traineeship Supervisor (name, position, e-mail, tel.)*

**Letter of Intent**

**Traineeship**

This is to certify that the ……………………………………………… confirms:

|  |  |
| --- | --- |
| Name of student:  |  |
| Duration of the mobility:dates of traineeship (from… to… )  |  |

the student / PhD candidate of The Pontifical University of John Paul II in Krakow is going to participate in the Erasmus+ Programme *Student Mobility for Traineeships* at our institution.

.............................................. ..............................................

 *signature (and stamp) institution stamp*

 *of the authorized person*