ERASMUS PLUS Student's Mobility for traineeships LETTER OF ACCEPTANCE

Academic Year 2015-2016

It is hereby certified that Mr/Mrs	E
Name of signatory: Position:	
Name of the company/institution: Address:	
Postal code, City, Country:	
Phone:	
Email:	
Date:	
Signature of the authorized person:	
Stamp:	

To be printed to the official paper of the organization and to be sent to the following address:

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