



ERASMUS+ TRAINEESHIP LETTER OF INTENT

With this Letter of Intent, the below-mentioned organization wishes to participate in the Erasmus+ Traineeship Programme hosting:

Name and surname of	
the student (trainee)	
Name of the Host	
Organization	
Legal	
Representative*	
Address*	
Name of the	
Trainee's Tutor*	
Telephone*	
e-mail*	
Website*	
AAGNOILG	





Brief description the traineeship	on of			
offered to the s	tudent			
Length of the				
traineeship (choose from 2	to 6			
months)				
Favourite peri the traineeship	iod of			
the traineesinp				
Date				
Oi ma a truma				
Signature				
Stamp				

^{*} If you have already signed the Cooperation agreement with the University of Udine, don't fill this box.