

ERASMUS+ TRAINEESHIP LETTER OF INTENT

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

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

Brief description of the traineeship offered	
Length of the traineeship (choose from 2 to 6 months)	
Favourite period of the traineeship	

Date	
Signature	
Stamp	

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