ERASMUS+ STUDENT MOBILITY FOR TRAINEESHIPS

**LETTER OF ACCEPTANCE**

This is to confirm that we will accept your student for a student internship within Erasmus+ Student Mobility for Traineeships program. The information of the organisation, the student, and the duration of the mobility is given below.

If the student is granted an Erasmus-scholarship, we agree to sign the Learning Agreement for Traineeships and all documents needed for the placement.

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| STUDENT |
| Name Surname |  |
| Date of Birth |  |
| Place of Birth |  |
| Gender | **[ ]  Female** **[ ]  Male** |
| Nationality | **Turkish** |

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| SENDING HIGHER EDUCATION INSTITUTION |
| University | **Sivas Cumhuriyet University** |
| Unit (School/Faculty/Graduate School) |  |
| Department |  |
| Division |  |
| City | **Sivas** |
| Country | **Republic of Turkey** |

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| MOBILITY |
| Academic Year | **2022/2023** |
| Duration | **5 months** |
| Mobility Start | **01/02/2023** |
| Mobility End | **30/06/2023** |
| Working Hours | **08.30 – 17.00 (35 hours/week)** |
| Working Language | **English** |
| Work Description |  |

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| RECEIVING ORGANISATION |
| Name |  |
| Address |  |
| Postal Code, City |  |
| Country |  |
| Contact Person |  |
| Position |  |
| E-mail |  |
| DATE\_\_\_ / \_\_\_ / 20\_\_\_ | SIGNATURE AND STAMP |