



Erasmus+ Student Mobility for Traineeship

Confirmation of Participation

Herewith, we confirm that _____ enrolled at _____ has worked as a full time trainee at _____ in the framework Erasmus+ Student Mobility For Traineeship during the period indicated below:

Beginning Date: _____

Ending Date : _____

Name of the Host Institution: _____

Name of the Supervisor : _____

Signature of the Supervisor : _____

Date: _____

Stamp : _____