

**LETTER OF ACCEPTANCE**

FOR TRAINEESHIP

Academic year **2021-2022**

I, the undersigned, ......................................................., on behalf of the receiving organization ..................... .......... ......................................................., hereby, confirm accepting the Pharmacy student: .................................................................... curently enrolled at the **„Iuliu Haţieganu” University of Medicine and Pharmacy Cluj-Napoca**, to complete an **Erasmus+ placement (traineeship) mobility** in our organization, for a period of **minimum 60 days**, from: / / to / / .

The trainee will receive a traineeship allowance from the sending university.

Name of receiving organization:. .....................................

Department/Ward: ...............................................................

Name of the traineeship supervisor: .........................................

The receiving organization undertakes to ensure appropriate equipment and support to the trainee.

Upon completion of the traineeship, the receiving organization undertakes to issue a **traineeship certificate** and an **after the mobility** **evaluation of the trainee**.

The main language of the traineeship is..................................................

Name of the signing person:. . . . . . . . . . . . . . . . . . . .

Position: . . . . . . . . . . . . . . . . . . . . .

Signature: . . . . . . . . . . . . . . . . . . . . .

Date: . . . . ./ . . . ./ . . . . .

Stamp: