

**LETTER OF ACCEPTANCE**

TO AN ERASMUS+ MOBILITY FOR TRAINEESHIP

Academic year **2022-2023**

I, the undersigned, ......................................................., on behalf of the receiving organization ..................... .......... ......................................................., hereby, confirm accepting the medical student: .................................................................... curently enrolled at the **„Iuliu Haţieganu” University of Medicine and Pharmacy Cluj-Napoca**, to complete an **Erasmus+ clinical placement (traineeship)** in our organization, for a period of  **60 days (2 complete months[[1]](#footnote-1))**, 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:

1. The standard duration of 1 month is considered to be 30 days. [↑](#footnote-ref-1)