**Letter of Intent**

Name of the organization:

Contact Person:

Adress:

Telephone/ Fax:

E-mail:

Type of organization:

With this letter we confirm that in case of it’s approval and co-financing by the EU Erasmus+ Programme, we will co-operate with:

**MEDICAL UNIVERSITY OF GDANSK**

**M. Sklodowskiej – Curie str. 3A**

**80-210 Gdansk**

**Poland**

In the trans national ERASMUS+ mobility Project:

STUDENTS PLACEMENT IN THE EUROPEAN COUNTRIES

We hereby agree to co-operate in the field of trans-national placements in enterprises for university students within the Erasmus+ Programme(Mobility) for the academic year of 20… / 20 … .

We intend to arrange a placement for Mr. / Ms. ………………………………………… from …………………………………… till ……………………………………..

in the field and programme featured in the Training Agreement document.

…………………………………………………

Signature and stamp