**Letter of Intent**

Full legal name of the organization:

(not University)

Contact Person:

(tutor, mentor)

Address:

(name of the street, number, city, country)

Telephone:

(with area code)

E-mail:

Type of organization:

(not university)

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 (BOTH MANDATORY)