



LETTER OF ACCEPTANCE

for Erasmus+ Students Mobility for Traineeship

for the academic year 2020/2021

We hereby confirm that we are willing to host

Name of the student	
University	Scuola Superiore per Mediatori Linguistici di Padova (Italy)
Matriculation number	
Degree course	

for a traineeship under the Erasmus+ Students Mobility for Traineeship.

We intend to entrust him/her with tasks and responsibilities according to his/her studies, qualifications and knowledge.

Receiving organisation

Name	
Type of organization	
Website	
Address	
Postal code	
City	
Country	
Size	<input type="checkbox"/> >250 employees <input type="checkbox"/> <250 employees
Supervisor, responsible for signing the Learning Agreement	
Contact person for administrative information	<i>full name:</i> <i>e-mail:</i> <i>phone:</i>

Planned period of the mobility:

from [month/year] to [month/year]

Placement duration:

2 months - working hours per week (min. 6 hours/day)

Main language of work

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Level of language competence requested at the beginning of the traineeship

- A1 A2 B1 B2 C1 C2

Title of the traineeship:

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Detailed programme of the traineeship:

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Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship:

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Monitoring Plan:

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Evaluation Plan:

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Signature of the Supervisor

Date _____

Stamp of the organization