INTERNSHIP CONFIRMATION

This is	s to confirm that	
1.	Planned dates of start and end (day/month/year), that is .	of the placement period: from(day/month/year) till/ weeks/months.
2.	Language of work placement:	(state all languages student is required to
3.	Tasks of the trainee (brief description):	
4.	We will provide student with financial support:	
	□ YES □ NO	Amount: (in local currency per month)
5.	Contact person/coordinator from the host organisation:	
	Name:	
	Position:	
	E-mail:	
	Phone:	
SIGNA	ATURE AND STAMP	