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| **INTERNSHIP CONFIRMATION**This is to confirm that ...…………………………………………………………………………………….…. ……………………………………………………………………………….……*(Company name, address)* hereby declare to offer work placement to …………………….………………………………………… *(Student name)* within the Erasmus Student Mobility for Placements Programme.1. Planned dates of start and end of the placement period: from ………...…*(day/month/year)* till …..…......… *(day/month/year)*, that is …… /……… weeks/months.
2. Language of work placement: ………………………….……… *(state all languages student is required to use during the placement)*
3. Tasks of the trainee *(brief description)*:

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□ YES □ NO Amount: ………………. *(in local currency per month)*1. Contact person/coordinator from the host organisation:

 Name: ……………………………………………………… Position: ……………………………………………………. E-mail: ……………………………………………………... Phone: ……………………………………………………… SIGNATURE AND STAMP…………………………………  |
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