

Letter of Intent

We intend to co-operate with Università degli Studi di Firenze for the Erasmus+ traineeship

The validity is limited to academic year 2019 - 2020

Università degli Studi di Firenze

c/o Scuola di

Name of Student:

name

surname

e-mail:

We, the undersigned organization, hereby declare our intent to cooperate with Università degli Studi di Firenze to promote placements for students in the framework of the Erasmus+ traineeship. As a partner of the above-mentioned project, the undersigned institution will encourage and facilitate the mobility of university students through job training periods (placements) in enterprises.

As soon as possible, we intend to host the students as trainees for job training periods (placements) and arrange for the supervision of the participants. Student trainees receive a Erasmus grant from their home University to cover the additional costs incurred in the placement (travel, accommodation costs, insurance). The placements will provide a structured job training, according to the objectives of the Erasmus+ traineeship.

We will engage ourselves to fulfil the responsibilities as stated in the enclosed Partnership Quality Commitment.

First name and Family name:

Position/Function in the Organization:

Name of Organization:

Address:

City:

Country

Region:

Tel:

e-mail:

Internet site:

Date: _____

Signature: _____

Stamp

Lettera di Intenti Nominativa

PARTNER DETAILS

Organization name :

Type of Organization:

Legal status:

Economics Sector:

Commercial Orientation:

Category of Work:

Organization size- Staff:

TUTORING

The Tutor Responsible for the Students in Your Organization will be Mr/Mrs/Dr.

TRAINEE PROFILE

We are willing to host

not graduated**Graduated****PhD student****PhD graduated**

of School of

-

University of Florence in the following fields of job training (please give a short description of the trainee's activity/job):

The overall duration of the job training period will be of months (min.2, max.12)

Study level: 1st cycle 2nd cycle 3rd cycle

Subject Area code:

First name and Family name:

Position/Function in the Organization:

Signature: _____

Please take this Letter of Intent compilable (.pdf), put it on Your own headed paper and send back one original copy to the address indicated on top of this form.

Please anticipate one copy to the email indicated on top of this form.

Handwritten letters are not accepted; all fields must be filled; each letter should bear date and signature of the authorized person and his/her position in the Organization.