*(Place, date)*

*{headed notepaper of organization}*

 **To: State University of Applied Sciences in Elbląg (Poland)**

**Attention:** (*imię I nazwisko studenta)*

**E-mail address:** *(adres email studenta)*

**Refering: Erasmus + Programme**

**PRACTICE CONFIRMATION**

This form confirms that ...…………………………………………………………………………………….…. ………………………………………………………………………………………………………………………

 *(Company name, address)*

and student ………………………………………………………………………………………………….........

……………………………………………………..…………………………………………………………….....

*(Student name, date of birth, address, e-mail, telephone number)*

have agreed to pursue the following practice.

We hereby declare to:

1. Contribute actively to this work-placement program by offering placements:
	* For: ……………………………………………………………………

(*Student name*)

* + In term: ……………………………………………………………....

1. Support students by organizing an accommodation:

 □ YES □ NO

1. The Company will be providing an amount of financial support for the student: ………………. €
2. Contact person/coordinator from the company:

 Name: ………………………………………………………

 Position: …………………………………………………….

 E-mail: ……………………………………………………...

 Phone: ………………………………………………………

**SIGNATURES:**

Student: ………………………………… Coordinator: ………………………………….