

**UNIVERSITY OF VETERINARY MEDICINE AND PHARMACY IN KOSICE**

**Komenskeho 73, 041 81 Košice, Slovak republic**

# CONFIRMATION OF ERASMUS+

# STUDENT MOBILITY FOR TRAINEESHIPS

## PERSONAL DATA OF STUDENT

|  |  |  |
| --- | --- | --- |
| **Student/trainee´s name:** | |  |
| **The Sending Institution** | University of Veterinary Medicine and Pharmacy in Košice Komenského 73, 041 81 Košice, Slovak republic |  |
| **Department:**  **phone:** |  |  |
| **e-mail:** |  |  |

## DURATION OF STUDENT MOBILITY FOR TRAINEESHIPS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **From day** |  | **month** |  | **year** |  |
| **Until day** |  | **month** |  | **year** |  |

## RECEIVING INSTITUTION´S DATA

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Institution:** | |  | | |  |
| **Post address:** | |  | | |  |
| **Full name of the responsible person:** | | | | |  |
|  | | | | |  |
| **Telephone:** |  | | **Fax:** |  |  |
| **e-mail:** |  | |  |  |  |

**Signature of student:**

**Date:**

**----------------------------------------------------------------------------------------------------**

**Signature and stamp of the of the responsible person in the receiving organisation**

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