



Erasmus+ Programme Letter of Confirmation (SMP)

Academic Year 2023/2024

	(name of the host
institution), as an	exchange student within the Erasmus+ Programme from
/	till/(filled by the host institution).
(dd/mm/yyyy)	(dd/mm/yyyy)
took successfully	part on a traineeship work online (Note:apllies only for blended mobilities/BIP)
	/ till/
	(dd/mm/yyyy) (dd/mm/yyyy)
Name and status	(host institution):
Signature:	
Stamp of institut	ion:
	/ (to be signed at the end of the traineeship period).
(dd/mm/	
Please provide the	e following information about the host institution ^(*) , to enable our
Erasmus+ Report to	o the European Commission:
Type of Institution	(e.g. public, private, NGO, research centre, university):
Economic Sector: _	
Postal Code:	City:
Language of the Tra	ameesnip:
	aineeship: stitutions, enterprises or organizations that haven't the PIC Number or any bilateral id.