

(HEADED PAPER OF HOST INSTITUTION)

(ALLEGATO C)

Università degli Studi del Molise
Via F. De Sanctis, s/n
86100 Campobasso
Italy

Erasmus+ Programme - Staff Mobility for Training

Details of Host Institution/Organisation	
Full Name Institution	
Office / Department / Centre (if applicable)	
Address	
Country	
Contact person	(Name and position) (e-mail / phone)
Size of enterprise (if applicable)	<input type="checkbox"/> <250 employees <input type="checkbox"/> >250 employees
Main field of activity	
Date of establishment	
PIC ECAS (if applicable)	

Acceptance letter

We herewith confirm that our institution/organisation agrees to host (please insert name of participant) within the framework of the *Erasmus+ Programme - Staff Mobility for Training* at the (please insert Office / Department / Centre).

Length of stay: from ____ until ____ (minimum 2 working days)

Purpose of stay:

Sincerely,

.....
(Official stamp and signature)