HEADED PAPER OF THE HOST INSTITUTION

Ms/Mr/Dr……………………………
(name of the student)…..
Department …………………
University of Turin
Via ..............................
Torino (Italy)

Place, date.....................

Object: ERASMUS TRAINEESHIP PROGRAMME 2017/2018 – HOST INSTITUTION

Letter of commitment to host Ms/Mr/Dr. [name, surname]....................Undergraduate/Post-graduate/PhD [specify the level] Student

With the present statement I, the undersigned [title, name, surname]..............................................................
declare that the Institution ........................................................................................................................................
Country (EU).................................................................................................. Town................................................................................................................
is interested in participating to the EU - Erasmus Traineeship call 2017/2018 in collaboration with
Prof........................................- Department of .........................- University of Turin (Italy).

We commit ourselves to assume the role of Host Institution, sustaining the training period of
[Ms/Mr/Dr., name, surname]........................................ Undergraduate/Post-graduate/PhD [specify the level] student in the field of............................................................., under the tutoring of the staff
of [name of the Institution]........................................................................................................................................
The activity of the above-mentioned trainee will be focused on [short list of activities].................................................................

The Institution will provide the logistic support when needed and cooperate in the different
phases of the project implementation such as information, tutoring activities, monitoring and
evaluation.

The described activities will be carried out according to the criteria of the European Quality Chart
of Mobility.

Name, Surname........................................ (Stamp), Signature...........................................