



MEDICAL UNIVERSITY OF BIALYSTOK
ERASMUS+ PROGRAMME
Student Placement



Załącznik nr 3 do Regulaminu Wyjazdów w ramach Programu Erasmus+

LETTER OF INTENT

Host institution:	
Address:	
Country:	

Herewith we confirm, that we are willing to host Mr./Ms., student of MEDICAL UNIVERSITY OF BIALYSTOK for at least 2-month student placement from...../...../20... to/...../20... in frame of ERASMUS+ PROGRAMME.

Short description of placement program	
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The name of person responsible for placement of student mentioned above:

Name:	
Position:	
Address:	
Postal Code, City:	
Country:	
E-mail:	

Signature of authorized person:	
Stamp of the host Institution:	
Date:	

Please send this Letter of Intent to the following address:
Medical University of Białystok, ERASMUS+ Office
ul. Jana Kilinskiego 1, 15-089 Białystok, POLAND
e-mail: erasmus@umb.edu.pl; Fax: +48 85 748 5408