

To: Institutional Erasmus Coordinator

SS. CYRIL AND METHODIUS UNIVERSITY

Blvd. Goce Delchev No. 9, 1000 Skopje

Macedonia (MK SKOPJE01)

**LETTER OF INVITATION**

***Herewith we would like to invite the trainee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the Faculty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Ss. Cyril and Methodius University in Skopje, to conduct a traineeship period in duration of \_\_\_\_\_\_\_\_\_\_\_\_ months (from:\_\_\_\_\_\_\_\_\_\_\_ to:\_\_\_\_\_\_\_\_\_\_\_\_) at our institution/company within the framework of the Erasmus+ Programme, Key Action 1, Mobility of Individuals.***

**NAME OF RECEIVING INSTITUTION:**

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|  |

 *(company, enterprise, organization etc.)*

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| --- | --- |
| **SECTOR** |  |
| **ADDRESS** |  |
| **COUNTRY** |  |
| **WEBSITE** |  |
| **CONTACT PERSON** | Name and Surname:Position:E-mail: |
| **ASSIGNED MENTOR** | Name and Surname:Position:E-mail: |

**TRAINEE’S FIRST AND LAST NAME:**

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| --- | --- |
| **FACULTY** |  |
| **FIELD OF EDUCATION** |  |
| **YEAR OF STUDIES** |  |
| **STUDY CYCLE (MA, BA, PhD)** |  |
| **CONTACT INFO (e-mail, phone)** |  |
| **IS THE TRAINEESHIP A COMPULSORY PART OF THE CURRICULUM?** | YES | NO |
| **IS IT A CREDIT PROGRAMME?** | YES | NO |

**DETAILS OF THE TRAINEESHIP EXCHANGE:**

|  |  |
| --- | --- |
| **DURATION OF MOBILITY PERIOD** | FROM:TO: |
| **DETAILED PROGRAMME OF THE TRAINEESHIP PERIOD** | Activity 1:Activity 2:Activity 3:Activity 4:Activity 5: |
| **MAIN WORK LANGUAGE:** |  |
| **REQUIRED LANGUAGE COMPETENCES:** |  |
| **ADDITIONAL REQUIREMENTS (if any):** |  |

Full name and surname of the Responsible person at the Receiving Institution:

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Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place and date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp: