

HEADED PAPER

University of Catania
International Mobility Office
Piazza Università, 16
95131 Catania
ITALY

In the framework of the cooperation with the University of Catania (Italy), we confirm our willingness to receive students for a mobility period at the Department of _____, University of _____

In this framework, we will host (*name of the student*) _____ for a period of _____ (*n. of months*) from _____ to _____ (*admitted period for study or traineeship from March 2nd 2020 – November 30th 2020*)

The study/placement position offered by the undersigned organization deals with the following activity areas and will be performed in our institution/partner company (*for traineeship*)

The language required during the mobility will be _____ level _____

Name of the host Institution _____

Name of the Legal Representative _____

Address _____

City _____ Country _____

Email _____ Phone Number _____

Website _____

We look forward to welcoming you.

Date: _____

Stamp:

Signature: