

Traineeship Confirmation Form
for an Erasmus Grant Application

I hereby confirm that the following student from Heinrich Heine University Düsseldorf

Last name, first name

Date of birth

Student ID number

will be able to complete a traineeship

during the period from ----- to -----
Start date dd/mm/yyyy *End date dd/mm/yyyy*

at our institution

Full name of the host institution

in the following subject area

Traineeship subject area

The student will be able to complete an internship covering a period of at least 2 months/60 days
(every month is equivalent to 30 days: 01.07.2019 - 31.08.2019 = 2 months/60 days)

Name and function of signatory

E-mail

Date, place

Signature and stamp