**Trainee**

|  |  |
| --- | --- |
| **First and Last Name(s)** | \*\*\* |
| **University** | Canakkale Onsekiz Mart University |
| **Faculty / Department** | \*\*\* |

**To whom it may concern,**

This confirms that we accept the above student for the internship under the Erasmus+ Programme for **… months, from …/…/2025 to …/…/2025.**

If you need further information, please do not hesitate to contact us.

|  |  |
| --- | --- |
| **Company Name:** | \*\*\* |
| **Company Address:** | \*\*\* |
| **Company Website:** | \*\*\* |
| **Company Telephone Number:** | \*\*\* |
| **Company Email:** | \*\*\* |
| **Type of Organisation:** | \*\*\* |
| **Job Description of Trainee** | \*\*\* (Please briefly describe your job and explain how it relates to your area of study in at least two sentences.) |

**As the manager ………… (name of the company) I certify**

* To provide work and placements, support finding accommodation,
* To implement the follow-up procedures: monitoring will be done regularly; guidance and support will always be available to the participant.
* To Co-operate at all times with the sending organization and partner.
* To improve the common means for skill analysis and the qualified work labour,
* To Erasmus training program and certification.

I am looking forward to receiving you at our company, in our city.

…/…/2025

 **Manager’s Name and Surname
 Manager’s Signature and Stamp****!!! PLEASE DELETE THIS MESSAGE BEFORE PRINTING !!!
ALL THE HIGHLIGHTED PARTS ARE REQUIRED. PLEASE REMOVE ALL THE HIGHLIGHTS BEFORE PRINTING.**

* **CONFIRMATION OF COMU ERASMUS DEPARTMENTAL COORDINATOR**

*As the Erasmus coordinator for the department, I confirm that the traineeship job mentioned above is relevant to the student's degree.*

**Coordinator’s Name and Surname**

**Signature and Date**