



ARISTOTLE UNIVERSITY OF THESSALONIKI
DEPARTMENT OF EUROPEAN EDUCATIONAL PROGRAMMES

LETTER OF ACCEPTANCE

ACADEMIC YEAR _____

STUDENT DATA

LAST NAME		FIRST NAME	
FATHER'S NAME		FACULTY	

HOST ORGANISATION/ENTERPRISE DATA

NAME			
TYPE¹			
FIELD OF WORK			
ADDRESS			
MENTOR'S NAME²			
MENTOR'S POSITION			
PHONE NO		E-MAIL	

DETAILS OF THE PROPOSED TRAINING PROGRAMME

PLANNED PLACEMENT PERIOD	from		to		TOTAL MONTHS	
MAIN WORKING LANGUAGE						
KNOWLEDGE, SKILL & COMPETENCES TO BE ACQUIRED						
SCOPE OF INTERNSHIP³						
FRAMEWORK OF DUTIES UNDERTAKEN⁴						
EXPECTED DELIVERABLES⁵						

I, the undersigned, confirm that the aforementioned student is accepted by our organisation/enterprise to conduct the proposed traineeship/internship.
I also confirm that in case of a trainee pay by our organisation/enterprise, during the aforementioned training period, no European Union funding will be used.

Signature of the Mentor

Date

Stamp of the Host Organisation/
Enterprise (if applicable)

FILL-IN FORM INSTRUCTIONS

- 1 Indicate the type of the host organisation/enterprise. E.g. Public Higher Education Institution, Private Research Institute, Private Corporation, NGO, etc.
- 2 Indicate the person responsible for the guidance, monitoring and evaluation of the internship/trainee. If not available, at this stage, he/she should be determined upon the student's arrival.
- 3 Describe the specific duties and responsibilities that the intern/trainee will assume.
- 4 Describe the specific terms and conditions that will apply during the intern/trainee's employment, such as the organisation of work and work activities, health & safety, working time, etc.
- 5 Indicate the expected measurable (if possible) product for the internship host. The format of this deliverable will depend on the makeup of the internship/traineeship programme and associated requests by the host organisation/enterprise.