Erasmus+ Programme
Letter of Confirmation (SMP)
Academic Year 2025/2026

We hereby confirm that the student _____, from Universidade de Lisboa (P LISBOA109), carried out a period of traineeship at _____ (name of the host institution), as an exchange student within the Erasmus+ Programme from _____/_____/_____ till _____/_____/_____ (filled by the host institution).
 (dd/mm/yyyy)   (dd/mm/yyyy)

took successfully part on a traineeship work online (Note:apllies only for blended mobilities/BIP)

_____/_____/_____ till _____/_____/_____
(dd/mm/yyyy)   (dd/mm/yyyy)

Name and status (host institution): _____

Signature:

Stamp of institution:

Date: _____/_____/_____ (to be signed at the end of the traineeship period).
 (dd/mm/yyyy)

Please provide the following information about the host institution[*], to enable our Erasmus+ Report to the European Commission:

Type of Institution (e.g. public, private, NGO, research centre, university…): _____

Economic Sector: _____

Postal Code: _____ City: _____

Language of the Traineeship: _____

[*] Filled only by institutions, enterprises or organizations that haven't the OID Number or any bilateral agreement stablished.

Thank you!

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