# Erasmus+ Programme

## Letter of Confirmation (SMT)

Academic Year 2016/2017

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)

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 PIC Number or any bilateral agreement stablished.

Limpar Dados

Thank you!

Faculdade de Ciências da Universidade de Lisboa
Edif. C5, sala 5.3.11, Campo Grande - 1749-016 Lisboa - Portugal
Tel. (+351) 217 500 029 | Tel. (+351) 217 500 000
www.ciencias.ulisboa.pt | internacional@ciencias.ulisboa.pt