



Mobility Team

**Erasmus + confirmation of start of internship**

This form has to be signed by the contact person at the hosting company/institution in the beginning of the internship.

Please sign, scan and send to [mobility@slu.se](mailto:mobility@slu.se)

Please certify that the following student has started hers/his internship at the below mentioned company/institution. The student will receive the Erasmus grant according to the dates stated on this form.

To be filled in by the student;

**Name of student:** …………………………………………………………………

(Family name, name)

**Date of birth:** (yymmdd-xxxx)……………………….

**Internship:**………………………………………………………………………………

(Company name or institution and department, country)

**To be filled in by the contact person at the internship:**

Name;

Title;

Between;

Please state the planned dates (exact dates, yymmdd-yymmdd) for the internship period for this student.

Contact person at internship, signature

Date:

1(1)

SLU, Box 7070, SE-750 07 Uppsala, Sweden tel: +46 (0)18-67 10 00

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[www.slu.se](http://www.slu.se/)