

Erasmus+ Programme Letter of Confirmation (SMP)

Academic Year 2024/2025

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:** applies 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 established.

Thank you!