We hereby certify that Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student/recent graduate name), from *ISCTE – Instituto Universitário de Lisboa*, located in Lisbon, Portugal was accepted for a \_\_\_\_\_\_\_\_\_ (number of months) months traineeship, between \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and \_\_\_\_/\_\_\_\_/\_\_\_\_\_ (start and end dates), under the Erasmus+ Programme, in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the host institution), located in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city, country).

For all intents and purposes it is stated that this training period will have (please choose one of the options below):

🞏 No remuneration

🞏 A remuneration amount of \_\_\_\_\_\_\_\_\_\_ € per month

In a strict support between both institutions we will help the trainee to accomplish his/her purpose and we will supervise the internship to assure the success of the practices.

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Signature |  |
| Date |  |