*(Place, date)*

*……………………………..*

*(Company name and address)*

**Internship confirmation statement**

I hereby confirm thatMr/Ms …………………………………………….. *(student’s/graduate’s name)*, student register number ……………., will do their internship at …………………… *(Company name and address)* from ………… *(date)* to ………… *(date),* under the supervision of …………………. (*name of the internship supervisor),* pursuant to the Erasmus + programme agreement*.*

The internship will take one the following forms:

1. At the Company offices only,
2. At the Company offices (3 working days per week) and on-line (2 working days per week).

*\*Please select one of the options above*

……………………

*(employer’s signature)*