LATVIA UNIVERSITY OF LIFE SCIENCES and TECHNOLOGIES

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|   |

 (student name, last name, personal ID code)

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 (faculty, study programme, phone number)

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**A P P L I C A T I O N**

Jelgava

\_\_\_.\_\_\_.2024

to rector **I.Arhipova**

**Regarding traineeship within the
ERASMUS+ programme**

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| --- | --- |
| Please send me to  |   |
|  | (country, name of the higher educational institution or enterprice) |

from \_\_.\_\_.2024\_\_. until \_\_.\_\_.202\_\_. with the assignment of **Traineeship within the ERASMUS+ programme**

***Erasmus+ grant to be sent to account No.***

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***Student signature***

***Appendix:***

*Confirmed Learning Agreement for Traineeships*

***COORDINATED WITH***

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| **Dean of the Faculty** |  |  |
|  | (signature) | (decipher of the signature) |
|  |  |  |
|  |  |  |
| **ERASMUS coordinator of the Faculty** | (signature) | (decipher of the signature) |
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