

Official Name Of The Facility Address Phone Email

## Logo of the Facility

## TO WHOM IT MAY CONCERN

This to confirm that your name and surname, a student of Biruni University at the department of your department; has been accepted to complete his traineeship in our company between the dates of dd.mm.yy and dd.mm.yy within the framework of Erasmus+ Programme.

Internship Position/Department: your position at the company/facility

Regards,

advisor/supervisor's name and surname

Signature

Stamp(if applicable)

Date: 11.04.2022