**APPLICATION FOR ERASMUS STUDENT MOBILITY FOR TRAINEESHIPS**

……………………………………

 (Name)

…………….……………………..

(Personal identification number)

……………………………………

(Citizenship)

……………………………………

 (Place of residence: street, ZIP code, town)

……………………………………

 (e-mail address, phone)

……………………………………

 (Bank, account number)

I would like to apply for the Erasmus programme for student mobility for traineeships:

…………………………………………………………………………………………

(Name of host organization, contact person of host organization, e-mail, phone)

…………………………………………………………………………………………

(Address of host organization)

…………………………………………………………………………………………

(Traineeship period)

I am ….(*which year*)…year (*BA/MA/PhD*) student of …(*name of your study programme*)….curriculum at …..(*name of your academic unit*). The traineeship will be carried out within the course …………. *(course code and name at TLU)* and after successful completion I will be given ….(*how many?*)….. ECTS.

I confirm I am registered as a student of Tallinn University during the traineeship.

I have/have not participated in the Erasmus student mobility for studies.

SIGNED:

(Signature of the supervisor of traineeship

at the institute and the date) (Signature of the student and date)

(Signature of the Erasmus Departmental Coordinator and date)