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| logo_angUniversity of Ljubljana, Faculty of PharmacyErasmus+ Student traineeshipAcademic year 2020/21 |  |  |
|  | *To be filled by the UL FFA Student office****Provided by Student: Yes*** ***[ ]* NO** ***[ ]***  |

**Letter of Intent**

Herewith we confirm that we are willing to host \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and family name), a student of University of Ljubljana for a student traineeship of a mínimum duration of 2 months within the framework of Erasmus+ programme.

**I. *GENERAL INFORMATION***

|  |  |
| --- | --- |
| *Company-Organization*: |  |
| *Department*: |  |
| *General Sector:* |  |
| *Company Size:* | [ ] (1-50) Small (50< 250)[ ]  Médium (250< or more)[ ]  *Large* |
| *URL website*: |  | *official e-mail:* |  |
| *Town, Address*: |  | Post Code: |  | *Country*: |  |
| *Contact* *Language*: |  |

**II. *CONTACT PERSON***

|  |  |  |  |
| --- | --- | --- | --- |
| *Family Name:* |  | *Name*: |  |
| *Title*: |  | *Position*: |  |
| E-mail: |  |
| *Telephone*: |  | *FAX:* |  |

**II. *SUPERVISOR (Person responsable for the traineeship)***

|  |  |  |  |
| --- | --- | --- | --- |
| *Family Name:* |  | *Name*: |  |
| *Title*: |  | *Position*: |  |
| E-mail: |  |
| *Telephone*: |  | *FAX:* |  |

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| --- |
| **III. *SHORT DESCRIPTION OF THE TRAINEESHIP PROGRAMME*** |
|  |
| *Working Language:* |  | *Preferred field of studies:* |  |
|  |

**IV. *PLANNED PERIOD***

|  |  |  |  |
| --- | --- | --- | --- |
| *Starting date (earliest):* |  | *Starting date (latest):* |  |
| *Lenght* in week*s (min 8):* |  | Job classification: |  |
| *Permanent Demand**(indicate, if you are able to accept students on a permanent basis / may be contacted in the future)* | [ ]  Yes [ ] NO | If NO Application Offer´s validity: |  |

**V. *REQUIRED DOCUMENTS***

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| [ ]  CV [ ]  *Reference Letter* [ ]  *Transcript of Records* |
| Other: |  |
| *Additional Remarks:* | None |

**VI. *SIGNATURE OF THE RESPONSIBLE PERSON***

|  |  |
| --- | --- |
| Signature: |  |
| *Date:* | None |