**Host Organisation / Company**

…………………………………………….

**Letter of Acceptance**

**Academic Year ……. / …….**

**Name of the Host Organisation**: ………………………………..

**Address**: ………………………………..

**Tel** : ………………………………..

**Responsible Person / Position**: ……………………………….. / ………………………………..

**E-Mail**: ………………………………..

**Web Address**: ………………………………..

**Supervisor - Contact Person / Position**: ………………………………..

**E-Mail**: ………………………………..

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| --- |
| This is to certify that ……………………………….. with ID number …………… and student registration number …………… at the **HELLENIC MEDITERRANEAN UNIVERSITY, Dept. of Music Technology and Acoustics** |
| is accepted to carry out an Erasmus+ traineeship at ………………………………... |
|  |
|  |
| **Short description of the traineeship**:………………………………..………………………………..………………………………..………………………………..………………………………..………………………………..………………………………..………………………………..………………………………..………………………………..………………………………..………………………………...**Working** **language** at the host organisation (required): …………… |
| The Erasmus+ traineeship will take place from ……/……/…… to ……/……/…… . |
|  |
|  |
|  |
|  |
|  Signature |
|  |

*Stamp of the host Organisation*