TRAINEESHIP STARTING DATE CERTIFICATE

Upon arrival at your receiving organisation/enterprise, have this form signed and sealed by your receiving organisation/enterprise, and return it to erasmus@imtlucca.it. Please keep the original documents for your records.

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| --- | --- |
| Name of the Sending Institution: | **IMT ALTI STUDI LUCCA - I LUCCA04** |
| Name of the receiving organisation/enterprise: | …………………………………………………… |
| Name of the PhD student (the Trainee): | …………………………………………………… |

I hereby confirm that the above PhD student has started his/her visiting period at our organisation/enterprise on

|  |  |
| --- | --- |
| **START DATE**: (day.month.year) | …………………………………………………… |
| **SIGNER NAME:** | …………………………………………………… |
| **SIGNER ROLE:** | …………………………………………………… |
| **SIGNATURE:** | …………………………………………………… |
| **SIGNATURE DATE:**(day.month.year) | …………………………………………………… |

*Please email a scanned copy of this completed, signed and sealed document to* *erasmus@imtlucca.it* *or*

*fax it to* +39 0583 4326565