



Letter of Intent

Erasmus+ / SEMP Training Mobilities

Part 1. To be completed and signed by the applicant and the hosting department / supervisor

We hereby confirm that we are planning to host the following student for a stay in the framework of the Erasmus+ Traineeship Program:

- Student surname as per passport:
- Student first name as per passport:
- Sex: female male other
- Student email address:
- Date of birth:
- Home institution name + Erasmus Code:
- Period of the planned traineeship (min. 2 months): [dd/mm/yy - dd/mm/yy]:
- Receiving department / hospital:
- Name of contact person at receiving department / hospital:
- The traineeship will entail research: Yes No
- The student will be enrolled at their home institution at the time of the traineeship*: Yes No
- Language of instruction:
- Additional comments:

Date, signature applicant

Date, signature and stamp hosting department

Part 2. To be signed by the Medical University of Vienna / International Office

The Medical University of Vienna (A WIEN64) as hosting institution hereby declares its intention to accept the Erasmus/SEMP application of the above mentioned student on condition that a) the form "Learning Agreement for Traineeships" has been duly signed by all contracting parties in due course, and b) the general circumstances allow the admission of international exchange students at the time of the planned traineeship.

Date, signature and stamp Medical University of Vienna

* Traineeships of Recent Graduates are subject to special conditions:

<https://www.meduniwien.ac.at/web/en/international-affairs/postgraduate-trainings/erasmus-training-mobility/>