…………………………

Date and place

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I hereby consent to the participation of Mr/Ms…………………………….   
PhD student of WUST Doctoral School, in the Erasmus+ Traineeship, from…………………………………… till………………………………,   
at…………………………… (institution’s name, country).

……………………………….. ……………………………...

date Supervisor’s signature

……………………………….. ……………………………….....

date Doctoral School Dean’s signature