…………………………

Date and place

……………………………………

Dean’s Office stamp

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**CERTIFICATE**

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

……………………………….. ……………………………...

date Dean’s signature