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|  | **MEDICAL UNIVERSITY OF BIALYSTOK**  **ERASMUS+ OFFICE**  1 Jana Kilinskiego Street,  15-089 Białystok, Poland phone no.: +48 85 686 53 37  e-mail: erasmus@umb.edu.pl | https://www.umb.edu.pl/photo/image/inne/umb_logotyp_angielski.jpg |

**To whom it may concern**

**Erasmus+ Programme**

**Academic Year … / …**

**LETTER OF ACCEPTANCE**

We hereby certify, that **……………………………………………….. (name of the student)**,   
a student of **…………………………………….. (name of the university)** has been accepted as Erasmus+ student at the Medical University of Bialystok, for the period **from** **\_\_ / \_\_ / \_\_\_\_ to \_\_ / \_\_ / \_\_\_\_** (academic year …/…) within the frame of Erasmus+ Programme.

There will be practical classes included in the timetable, which require student’s presence in Bialystok and cannot be performed by distance learning.

We are looking forward to welcome new Erasmus+ student at our University.

**Bialystok, dated …………………………..**

**Signature of the Head of International Cooperation Department …………………………………….**