**LETTER OF ACCEPTANCE**

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

student of Medical Speciality School in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (prov.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tax code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

student number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

currently enrolled in the \_\_\_\_\_\_\_\_\_\_\_ year of the course request to be admitted to the “Erasmus + Programme”.

Under penalty of exclusion, the undersigned attaches the following documents to this application.

1. Curriculum Vitae
2. Letter of the host institution
3. Letter of the Director of the Medical Speciality School

Pieve Emanuele,

Date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_