



**ERASMUS+ KA1**  
**ADVISOR FORM FOR TRAINEESHIP MOBILITY**  
**Academic Year: 20..... – 20....**

Surname: .....  
Name: .....  
Student ID: .....  
Program of Study: .....  
Study Cycle: Bachelor ☐ Master ☐ PhD ☐  
Year of Study: .....  
Faculty Representative Name: .....  
Host Organization: .....

Host Organization	Traineeship Activity

I hereby confirm that I approve the above student to participate in an Erasmus+ mobility for Traineeship.

Faculty Representative Signature: ..... Date: .....

Registrar's Office Signature: ..... Date: .....

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