



ERASMUS+ KA1
HOST ORGANIZATION CONSENT FORM FOR TRAINEESHIP
Academic Year: 20..... – 20.....

Trainee Surname:
Trainee Name:
Student ID: Email:
Program of Study: (Bachelor ☐ Master ☐)
Traineeship period:

Details of Host Organization	
Legal Name	Department
Type of Organization	VAT
Legal Status	Public <input type="checkbox"/> Private <input type="checkbox"/>

Contact Information of Host Organization	
Address	
Country	City
Region	Post Code
Telephone	Fax
Email	Website

Traineeship Details
Traineeship Period
Department
Name of Supervisor
Position of Supervisor

I hereby confirm that the student above is undertaking a traineeship at the above organization.

Supervisor's name: Date:

Supervisor's signature: Date:

International Relations Office
American University of Cyprus
Ammochostou Avenue 52, 6019 Larnaca, Cyprus
Tel: +357 24 209000