…………………………

Date and place

……………………………………

 Dean’s Office stamp

**INTERANTIONAL RELATIONS OFFICE,**

 **WROCŁAW UNIVERSITY OF**

**SCIENCE AND TECHNOLOGY**

**CERTIFICATE**

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

……………………………….. ……………………………...

 date Supervisor’s signature

……………………………….. ……………………………….....

date Doctoral School Dean’s signature