…………………………

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…………………………….
student of the Faculty of………………………., in the Erasmus+ Traineeship, from…………………………………… till………………………………,
at…………………………… (institution’s name, country).

……………………………….. ……………………………...

 date Dean’s signature