



INTERNSHIP CONFIRMATION

This is to confirm that the Faculty of Pharmacy at University of Barcelona, hereby declare to offer work placement to (Student's name) within the Erasmus+ Program.

1. Research Group or Department:

Group:

Dpt:

2. Planned dates of start and end of the placement period: from

(day/month/year) till (day/month/year), that is 6 months.

3. Language of work placement: (state all languages student is required to use during the placement)

4. Tasks of the trainee (brief description):

5. We will provide student with financial support:

Yes X NO Amount:(in local currency per month)

Contact person research group:

Coordinator from the host organization:

Department

Name:

Name: Pilar Pérez Lozano

Position:

Position: International Relations Coordinator

E-mail:

E-mail: coordinator-erasmus-far@ub.edu

Phone:

Phone: +34934035948

SIGNATURE AND STAMP

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1 Minimum placement period is 2 months (1 months counts as 30 days)