

**Traineeship Confirmation Form**  
for an Erasmus Grant Application

I hereby confirm that the following student from Heinrich Heine University Düsseldorf

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*Last name, first name*

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*Date of birth*

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*Student ID number*

will be able to complete a traineeship

during the period from ----- to -----  
*Start date dd/mm/yyyy*                      *End date dd/mm/yyyy*

at our institution

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*Full name of the host institution*

in the following subject area

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*Traineeship subject area*

The student will be able to complete an internship covering a period of at least 2 months/60 days (every month is equivalent to 30 days: 01.07.2024 - 31.08.2024 = 2 months/60 days).  
The student will work at least **30 hours/week**.

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*Name and function of signatory*

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*E-mail*

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*Date, place*

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*Signature and stamp*