Szczecin, dated: …………………

……………………..……

*Full name*

……………………..……  
*student’s book number*

……………………..……  
*field of study*

**Deputy-Dean**

Faculty

*OR*

**Director/Deputy Director**

**Doctoral School of the USz**

In connection with the qualification for the ERASMUS+ mobility traineeships, I kindly ask you to approve my departure to ……………………..…………………………..………….…..

*name of institution and country of mobility*

in period from ……………………..…… to ……………………..……

The period of study during which the traineeship is carried out will be credited in the following way:

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*signature*