**TO THE**

**INTERNATIONAL AFFAIRS AND ERASMUS COORDINATORSHIP**

I, …………………………………………………. (Name–Surname), a student enrolled in the …………………………………………………………… (Faculty/Department) with student number ………………………, hereby inform you that I have qualified to carry out an Internship Mobility under the Erasmus+ Student Traineeship Mobility project numbered 2023-1-TR01-KA131-HED-000118115, replacing a participant who has waived their rights. I kindly request that necessary actions be taken to utilize this right.

 NAME SURNAME

 (SIGNATURE)