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: .......................

Contact person research group: Coordinator from the host organization:

Department

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name: Pilar Pérez Lozano</th>
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<tbody>
<tr>
<td>Position:</td>
<td>Position: International Relations Coordinator</td>
</tr>
<tr>
<td>E- mail:</td>
<td>E- mail: <a href="mailto:coordinator-erasmus-farmacia@ub.edu">coordinator-erasmus-farmacia@ub.edu</a></td>
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<tr>
<td>Phone:</td>
<td>Phone: +34934035948</td>
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1 Minimum placement period is 2 months (1 month counts as 30 days)