**To:**

**SOFIA UNIVERSITY “ST. KLIMENT OHRIDSKI”**

**SOFIA, BULGARIA**

**LETTER of INVITATION**

**From:** (Receiving Organisation/Enterprise)

|  |  |
| --- | --- |
| Name  |  |
| Sector  |  |
| Country |  |
| City/town |  |
| Website |  |
| Address |  |
| Contact persone-mail / phone |  |

**Dear Madams and Sirs,**

Herewith would like to confirm that we are pleased to invite ………………………………………………………………………………………………….

*(name of the trainee)*

to conduct traineeship in the framework of Erasmus+ Programme, Key Action 1, in ………………………………………………………………………………………………… during the period from …………………………. to……………………..

*(min. 2 months, max. 12 months, starting date 1st October 2014, end date 30th September 2015)*

The traineeship will include the following activities:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

The required level of language competence, related to the traineeship is:

|  |
| --- |
| Language 1: …………………………………. |
| UNDERSTANDING  | SPEAKING  | WRITING  |
| Listening  | Reading  | Spoken interaction  | Spoken production  |  |
| *Enter level* | *Enter level* | *Enter level* | *Enter level* | *Enter level* |

Levels: A1/2: Basic user - B1/2: Independent user - C1/2 Proficient user

Common European Framework of Reference for Languages: <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>

Language 2 (if any): ……………………………..

|  |  |  |
| --- | --- | --- |
| UNDERSTANDING  | SPEAKING  | WRITING  |
| Listening  | Reading  | Spoken interaction  | Spoken production  |  |
| *Enter level* | *Enter level* | *Enter level* | *Enter level* | *Enter level* |

Additional requirements (if any): ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Yours sincerely,**

*(Signature and stamp)*