**To:**

**SOFIA UNIVERSITY ST. KLIMENT OHRIDSKI**

**SOFIA, BULGARIA**

**LETTER of INVITATION**

**From:** *(Receiving Institution)*

|  |  |
| --- | --- |
| Name  |  |
| ECHE*(****ONLY*** *for Higher* *Education* *Institutions)* |  |
| Sector  |  |
| Country |  |
| City/town |  |
| Website |  |
| Address |  |
| Contact person*(name, e-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……………………..

*(date/month/year) (date/month/year)*

***(From 1st December 2016 to 30th September 2017, min. duration 2 months, max. 6 months)***

The traineeship will include the following activities:

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

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

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

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  |
| ……………. | …………….. | …………….. | …………. | …………. |

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>

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

Place and date: ………………………

**Yours sincerely,**

…………………………………….

*(Name, signature and stamp)*