**To:**

**SOFIA UNIVERSITY ST. KLIMENT OHRIDSKI**

**LETTER of INVITATION**

**Issued by:**

|  |  |
| --- | --- |
| Name of organisation |  |
| Sector |  |
| Country, City/town |  |
| Website |  |
| Address |  |
| Contact person *(name, e-mail, phone)* |  |

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

*(name of the trainee)*

………………………… to conduct traineeship in the framework of Erasmus+ Programme**,** during the period

from ………………………. to……………………..

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

***(The traineeship is eligible to be carried out in the period from 15th January 2024 to 30th September 2024, min. duration 2 months, max. 6 months)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Language 1: ………………………………….; the required level of language competence is: | | | | |
| 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>

**Place and date:** ………………………

**Yours sincerely,**

…………………………………….

*(Name, signature and stamp)*

**ANNEX**

The traineeship will include the following activities:

1. ……………………………………………………………………………………………………………….
2. ……………………………………………………………………………………………………………….
3. ……………………………………………………………………………………………………………….
4. ……………………………………………………………………………………………………………….
5. ……………………………………………………………………………………………………………….
6. ……………………………………………………………………………………………………………….
7. ……………………………………………………………………………………………………………….
8. ……………………………………………………………………………………………………………….
9. ……………………………………………………………………………………………………………….
10. ……………………………………………………………………………………………………………….