



Erasmus+

ID: IN_2017_0401

APPLICATION FOR TRAINEESHIP

2017/18



UNIVERSIDADE DE COIMBRA



The Student

Name Judit Csöre	
Date of Birth 23-07-1992	Nationality Hungary (HU)
Sex F	Academic year 2017/18
Study cycle Doctoral program	Subject area / Code Medicine / 0912
Phone	E-mail csore.judit@gmail.com

The Sending Institution

Name Semmelweis University of Medicine	Faculty	SEMMELWEIS UNIVERSITY Directorate of International Relations EU Programme Office 1085 Budapest, VIII. Üllői út 26. Tel.: +36-1-459-1491, Fax: +36-1-459-1588 E-mail: erasmus@semmelweis-univ.hu
Erasmus code HU BUDAPES08	Department	
Address	Country / Code Hungary / HU	
Contact person name	Contact person e-mail / phone	

The Receiving Institution

Name Universidade de Coimbra	Faculty
Erasmus code P COIMBRA01	Department
Address International Relations Unit, University of Coimbra Colégio de S. Jerónimo, Largo D. Dinis, 3001-401 COIMBRA, Portugal	Country / Code Portugal / PT
Contact person name Filomena Marques de Carvalho	Contact person e-mail / phone Phone: +351 239 857 003, Fax: +351 239 857 002, Email: dri@uc.pt

**II. RESPONSIBLE PERSONS****Responsible person in the sending institution:****Name**

Katalin F. Tóth

Function

ERASMUS Institutional Coordinator

Contacts

erasmus@semmelweis-univ.hu+36208259820

Responsible person in the receiving institution:**Name****Function****Contacts****III. COMMITMENT OF THE THREE PARTIES**

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed traineeship application and that they will comply with all the arrangements agreed by all parties. Sending and receiving institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for training (or the principles agreed in the inter-institutional agreement for institutions located in partner countries).

Please note: The applicant for Placement must add his/her Traineeship Agreement with the description of the work to be developed.

The student

Student's signature:

Date: 2017.04.27

The sending institution

Responsible person's signature:

Date: 2017.04.27

**The receiving institution**

Responsible person's signature:

Date: