



"Strengthening the teaching capacity of the UWM in Olsztyn" Project co-financed by the European Union under the European Social Fund

Attachment no 2

Name and surname	
Name of the home institution	University of Warmia and Mazury in Olsztyn
Name and address of the host institution	
Duration of stay: from	to
-	
Name of the contact person at the host inst	.itution
To whom it may concern,	
We herewith invite Ms./Mr.	
to implement proposed program of training	l.
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For the host institution

Head of the hosting unit (date, stamp and signature)