**Letter of acceptance – Clinical electives program, Cattolica University**

I, the undersigned [Your Full Name], born in [Place of Birth] on [Date of Birth] currently enrolled at (Home Institution)

declare the following:

* I commit to take part in the Clinical Electives program at Università Cattolica del Sacro Cuore as per the signed Learning Agreement
* The clinical traineeship will take place at the following Operational Unit(s) [name all the UOCs] and will start on [date] and end on [date]
* I understand and accept that it is my responsibility to search for and secure suitable accommodation during the traineeship-period within Clinical Electives program
* I have read and accept the Withdrawal refund policy of the tuition fee I will pay within the deadline, as per the Call.

I sign this disclaimer fully aware of its implications.

[Place and date]

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_