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| **Host supervisor / researcher:** First name, last name, title |  |
| **Host university and department** |  |

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| --- | --- |
| **Visiting student :** First name, last name, title |  |
| **Exchange dates:** From – Till (DD.MM.YYYY) |  |

|  |  |
| --- | --- |
| **Home / sending supervisor:** First name, last name, title |  |
| **Home / sending university and department** |  |

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| **Exchange benefits for the sending and host institutions**  |
|  |
| **Prospective cooperation between the sending and host institution**  |
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| **Confirmation** |  |
| Funding amount: \_\_\_\_\_\_\_\_\_\_\_\_\_ EURCo-financing amount: \_\_\_\_\_\_\_\_\_\_\_\_\_ EUR | The 20% co-financing will be transferred to the IPID4all account by |
| Home / sending supervisor / researcher[ ]  | Host supervisor / researcher[ ]  |
| Host Supervisor Statement  | Sending Supervisor Statement |
| I hereby confirm that we are willing to host the above mentioned student in our research group. During the stay we will provide the student with an office space, including access to our research infrastructure, library services and all necessary administrative assistance.  | I hereby confirm that we support the research exchange for the stated period |
| Signature & Stamp, Host Research Group | Signature & Stamp, Sending Research Group  |