**Letter of Acceptance by the Host Institution**

Host Institution:

Faculty/Department:

Address:

Contact person:

Tel. Nr:

Email:

I herewith attest that our organisation agrees to host Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [[1]](#footnote-1)as a visiting PhD student/medical resident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[[2]](#footnote-2) to carry out a research project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(project title)* in the framework of the WP 17 ‘ERN RD training and support programme’ of the EJP-RD Programme.

Period of stay: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(if not confirmed yet, please specify the length of stay)*

Date:

Name of Head of Department:

Signature: Stamp (Department or Institute):

1. Name of the applicant [↑](#footnote-ref-1)
2. Please specify: PhD or MD and year of PhD or specialist medical training [↑](#footnote-ref-2)