

SCIENTIFIC STAY ACCEPTANCE

Host institution

Name of institution:

Town: Country:

Department:

Research group:

Director of the group

Name:

E-mail address:

CONFIRMS that the student

Student's personal data

Name:

Identification number:

Home university:

E-mail address:

Has been accepted for a scientific stay at this research group

Scientific stay information

Arrival date: Departure date:

Duration: weeks

Supervisor's name:

Field of research:

Signature location and date:

Signature of the director of the research group