

(Please use the letterhead of your organisation)

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 as a visiting PhD student/medical resident _____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

² Please specify: PhD or MD and year of PhD or specialist medical training