

Erasmus+ Doctoral Mobility for Studies
LETTER OF ACCEPTANCE

ACADEMIC YEAR _____

STUDENT DATA

LAST NAME		FIRST NAME	
FATHER'S NAME		SCHOOL	

HOST UNIVERSITY DATA

NAME			
ERASMUS CODE			
HOST FACULTY/SCHOOL			
ADDRESS			
SUPERVISOR'S NAME¹			
SUPERVISOR'S POSITION			
PHONE NO		E-MAIL	

DETAILS OF THE PROPOSED STUDIES PROGRAMME

PLANNED MOBILITY PERIOD²	from	to	TOTAL DAYS
MAIN WORKING LANGUAGE			
KNOWLEDGE, SKILL & COMPETENCES TO BE ACQUIRED			
DETAILED PROGRAMME OF THE MOBILITY³			
FRAMEWORK FOR DOCTORAL MOBILITIES⁴			
EXPECTED DELIVERABLES⁵			

I, the undersigned, confirm that the aforementioned student is accepted for a doctoral mobility.
I also declare that the International Relations Office of my institution has been informed appropriately and has confirmed the feasibility of the desired mobility.

Signature of the Supervisor

Date

Stamp of the Host University (if applicable)

FILL-IN FORM INSTRUCTIONS

- 1 Indicate the person responsible for the guidance, monitoring and evaluation of the exchange doctoral student.
- 2 Doctoral mobility period should be from 5 to 30 days.
- 3 Describe the specific tasks and responsibilities that the doctoral student will be assigned.
- 4 Describe the specific terms and conditions that will be applied during the specific doctoral mobility, such as health & safety provisions, etc.
- 5 Indicate the expected measurable (if possible) results of the doctoral mobility, such as publication of papers, scientific articles etc.