**Acceptance by host department**

Chair/ Head of department:

Mentor during scholarship program:

Institution:

Address:

Telephone:

Email:

Name of Applicant:

Has been accepted to carry out the research project/ receive training in research method or clinical area (*please detail project title or targeted area of expertise*):

at our department.

Brief description, particular aims of the project & specific involvement of applicant at our department:

Duration of stay:

Expected start date:

Support provided by the host institution:

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Date Signature