



Letter of Acceptance by the Host Institution

Host Institution: UNIVERSITA' DEL SALENTO

Faculty/Department:

Address:

Contact person:

Tel. Nr:

Email:

I herewith attest that our organisation agrees to host Mr./Ms. _____¹ as a visiting professor/PhD, _____² from University _____ to carry out a project activity _____ (*project title*) in the framework of the UniSalentoForSAFI3 – Visiting Professorships training and support programme' of the UniSalentoForSAFI3.

Period of stay: from _____ until _____ for a total of _____ days.

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

We commit to grant the status of Visiting Professor (if applicable)

Date:

Name of Head of Department or Delegate:

Signature:

Stamp (Host Department/Istitute):

¹ Name of the applicant

² Please specify: PhD or professor