

(Please use the letterhead of your organisation)

Confirmation Letter from the Sending University

Sending University:

Faculty/Department:

Address:

Contact person:

Tel. Nr:

Email:

I herewith confirm that Mr./Ms. _____¹, PhD/professor _____² at our university, is authorized to participate as a visiting professor/PhD in the framework of the “UniSalentoForSAFI3 – Visiting Professorships training and support programme” at the Università del Salento.

The participation is related to the project activity titled _____ .

We support this initiative and confirm that it is in line with the institutional goals of our university.

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

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

Date: _____

Name of Head of Department/Dean/ Rector _____

Signature:

Stamp (Host Dept./University):

¹ Name of the applicant

² Please specify: PhD or professor