Place in this space the logo of the

university/ research Centre

Home Institution Acceptance for STSM

STSM Application Name: (Name of STSM Participant) ID Number: (ID Number of STSM Participant)

Home Institution: (Name and Location of Home Institution)

STSM Title: (Name of STSM Project)

PhD Supervisor: (Name of PhD Supervisor) Position: (Charge of PhD Supervisor)

Period of Stay: (Date of the Beginning and End of the Stay) Host Institution: (Name and Location of Host Institution)

Signed by (Name of Professor in charge) at (Date of STSM proposal)

Signed by (Name of Head of Home Research Centre) at (Date of STSM proposal)