**Letter of Acceptance**

**Pannónia Scholarship Staff Mobility Program**

This is to certify that

Colleague’s name: **………………………………......................** (was born date/place: …………………………………)

is accepted for a staff mobility program at

Institution’s name:……………………………………………………………………………………………………………………….., Institution’s address: …………………………………………………………………………………………………………………….

under the supervision of

Supervisor’s name: ……………………………………………………………………………………………………………………….

Position and contact details: …………………………………………………………………………………………………………

Information regarding the staff mobility programme (detailed programme of the mobility will defined in the Mobility Agreement)

Planned duration: …………………………………………………………………………………

Planned period of the mobility (from/until): ………………………………………………………………………………..

Working language(s): English

Date:

Stamp and signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person: ………………………………………………………………