



**LETTER OF ACCEPTANCE  
ERASMUS+ PHD SHORT MOBILITY PROGRAMME**

I hereby confirm that we are willing to host Dr.....

(Ph.D student in ..... at the University of Padua) at ..... (name of the host institution), if he/she will be selected under Call for Erasmus+ Ph.D. short mobilities by the University of Padua.

I am aware that the Programme is funded by the Erasmus+ Programme and I confirm that our Institution can welcome the Ph.D student within the Erasmus+ framework.

The exchange programme foresees the following activities:

.....  
.....  
.....  
.....

Physical mobility starting date:

Physical mobility end date:

Is any virtual component foreseen? ☐ No ☐ Yes, in the following period:

*(Please consider that physical mobility should have a duration from 5 to 30 days. Physical and virtual mobility cannot finish later than 31/12/2024)*

Name of the host institution:

Erasmus code:

Contact person:

Contact person role:

Contact person E-mail address:

Date: .....

Name:.....

Position: .....

Signature:.....

University Stamp: