



**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:

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

- Physical mobility starting date: _____/_____/_____
- Physical mobility end date: _____/_____/_____

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

- Virtual mobility starting date: _____/_____/_____
- Virtual mobility end date: _____/_____/_____

(Please consider that physical mobility should have a duration from 5 to 30 days. Physical and virtual mobility cannot finish later than 31/07/2026)

Name of the host institution:

Erasmus code:

Contact person:

Contact person role:

Contact person Email address:

Date:

Name:.....

Position:.....

Signature:.....

University Stamp: