**WRITTEN AGREEMENT FROM THE HOST INSTITUTION**

**To the Grant Holder of the COST Action 17105**

**STSM Applicant (first name and last name):**

**Home Institution:**

**Host Institution:**

Hereby we confirm our support to the visit of Mr./Ms./Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, from (Home institution identification) for developing a Short Term Scientific Mission (STSM) at (Host institution identification) from \_\_\_\_\_\_\_\_\_\_\_\_\_ (day/month/year) onwards, with the total duration of \_\_\_\_\_\_\_\_\_\_\_ days, within the framework of the CA17105.

The work plan supporting the STSM is described in the application provided by Mr./Ms./Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the STSM Application. This STSM will have a mutual benefit for the applicant and both for the home and host institution. The planned activities will contribute to strengthen the cooperation between the Home and Host institutions.

**Host Institution:**

First name, Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place, Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_