To be issued on a letterhead of the Host Institution

# OPINION OF THE DIRECT SUPERVISOR ABOUT THE COURSE OF THE PROJECT IN THE FELLOWSHIP PROGRAMMES

* First and last name of the Fellow:
* Person responsible for Applicant’s visit, the coordination of the planned activities and the supervision of the project progress (the Supervisor):
* Name of the host institution:

# PLEASE CHOOSE ONE OPTION:

# [ ]  Confirmation of starting the Project implementation by the Fellow

I hereby confirm the Fellow has started the Project implementation.

# [ ]  Opinion of the direct supervisor about the course of the project after the half of the project duration

Brief description of the project implementation and achieved results:

# [ ]  Opinion of the direct supervisor about the course of the project after the end of the project

* The actual duration of stay and work at the Host institution was:

*[Please indicate dates of the project implementation in the format: start date: dd-mm-yyyy, end date: dd-mm-yyyy. If the project was temporarily suspended, please also indicate the suspension period in the format: start of the suspension: dd-mm-yyyy, end of the suspension: dd-mm-yyyy).*

* Brief description of the project implementation and achieved results:
* Confirmation of the Fellow's presence during the project implementation (please leave only one option form the options provided below):
* I hereby confirm the Fellow was not outside of the Host Institution for a period longer than 10% (10% applies to the absence not related to the project, like holidays or family reasons etc.) of the total duration of the stay on fellowship.
* I hereby confirm the Fellow was outside of the Host Institution for a period longer than 10% of the total duration of the stay on fellowship. The duration of all absences of the Fellow was:

Supervisor

date and signature