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 as of (*start date: dd-mm-yyyy)*.

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

Brief description of the project implementation, achieved results and cooperation with the Fellow:

# [ ]  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, achieved results and cooperation with the Fellow:
* 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