**Attachment no 5 to the Announcement**

Date: dd-mm-yyyy

The opinion should be issued on a letterhead of the Host Institution. It should be signed with the current date and must bear the original handwritten signature or qualified electronic signature. No pasted signatures are allowed.

# OPINION OF THE DIRECT SUPERVISOR ABOUT THE COURSE OF THE PROJECT

1. First and last name of the Fellow:
2. Person responsible for Applicant’s visit, the coordination of the planned activities and the supervision of the project progress (the Supervisor):

First and last name of the Supervisor:

e-mail address:

1. Name of the host institution:
2. The actual duration of stay and work at the Host institution was:

*[Please indicate dates of the stay in the format:*

**start date**: dd-mm-yyyy,

**end date**: dd-mm-yyyy.

*If the stay 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].

1. Brief description of the project implementation and achieved results:
2. Confirmation of the Fellow's presence during the stay (*please leave only one option of the options 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:

………………………………………………………………………….....

Signature of Supervisor

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Signature of person authorized to represent the Host Institution

(if Supervisor is not authorized)