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**LETTER OF SUPPORT FROM THE HOME INSTITUTION**

**To the Grant Holder of the COST Action 15202**

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

**Home Institution:**

**Host Institution:**

Hereby we conform to support the visit of Mr./Ms./Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, from (Home institution identification) for developing a short term mission (STSM) at (Host institution identification) from \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ (months/year) onwards, with the total duration of \_\_\_\_\_\_\_\_\_\_\_ days, within the framework of the CA 15202.

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.

**Home Institution:**

Name, Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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