

Letter of Acceptance 2024/25

Erasmus+ Short-Term (Doctoral Mobility, Blended Intensive Programmes)

This is to confirm that Mr/Ms _____
has been accepted for the following Erasmus+ mobility at our institution:

Erasmus+ Mobility

Type of Mobility:

- Short-Term Doctoral Mobility
short-term mobility (5 – 30 days)
- Blended Intensive Programmes (BIP)
short-term mobility (5 – 30 days)

Planned Duration of
Physical Component:

from ____ . ____ . 20____ until ____ . ____ . 20____

Planned Duration of
Virtual Component:

from ____ . ____ . 20____ until ____ . ____ . 20____
information only required for Blended Intensive Programmes

Host Institution

Name of Institution _____

City, Country _____

Faculty/Department _____

Academic Coordinator/ _____

PhD Supervisor _____

Information only required for
Short-Term Doctoral Mobility

Institutional coordinator _____

International Office

Date

Signature and Stamp
of the host institution