DD/MM/YYYY

# OPINION

from the host institution on the course of the project implementation, the achieved results and future planned cooperation with NAWA Fellowship Holder

**Data of the Fellowship Holder**:

(Name, e-mail)

**Work place of Fellowship Holder**:
(Home institution)

**Title of the proposal**:

**Duration of the stay**: dd.mm.yyyy – dd.mm.yyyy (length in months)

I hereby confirm that ……………… (Fellowship holder data) was not outside of the Host Institution for a period longer than 10% of the total duration of the stay on fellowship.

**Data of the host institution**:
(Name, address, contact data)

**Data of the Supervisor**:
(Name, position, contact data)

**Work place of Supervisor**:
(Name, address, contact data)

# The course of the project implementation

(Brief description)

# The achieved results

(Brief description)

# The future planned cooperation

(Brief description)

………………………………………………………………………….....

Supervisor

(date and signature)[[1]](#footnote-1)

………………………………………………………………………….....

Person authorized to represent the Host Institution

(date and signature)\*

1. The attached documents must bear the original handwritten signature or a qualified electronic signature. [↑](#footnote-ref-1)