Attachment no 5 to the Announcement

To be issued on a letterhead of the Host Institution

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

* First and last name of the Fellow:
* Supervisor (person responsible for Fellow’s visit, the coordination of the planned activities and the supervision of the project progress):
* Name of the host institution:
* 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).*

* Brief description of the project implementation and achieved results:
* Confirmation of the Fellow's presence during the stay (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\*

………………………………………………………………………….....

Person authorized to represent the Host Institution

(if Supervisor is not authorized)

date and signature\*

\* The attached documents must bear the original handwritten signature or a qualified electronic signature.