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)

**Home institution of the Fellowship Holder**:

**Title of the implemented project**:

**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 the Supervisor**:
(Name, address, contact data)

# Course of the project implementation:

(Brief description)

# Achieved results:

(Brief description)

# Future planned cooperation (if possible):

(Brief description)

………………………………………………………………………….....

Supervisor or a person authorized to represent the Host Institution

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

1. Only handwritten or certified electronic signatures are acceptable. No pasted signatures are allowed. [↑](#footnote-ref-1)