***Please use institutional header***

**Letter of Support for STSM from Host Institution**

Place, date: Town, Country, Day of Month of 202x

**STSM Applicant:** First name Last name

**Home Institution:** University of XXXX, Country

**Scientist responsible at Home Institution:** First name Last name

**Host Institution:** University of YYYY, Country

**Scientist responsible at Host Institution:** First name Last name

**STSM title:**

**STSM start and end date:** DD/MM/YYYY to DD/MM/YYYY

Hereby, I (*name of the responsible person typically a head of the lab - at HOST institution)* confirm the visit of Mr./Ms./Dr. *(First name Last name of applicant)*, from *(Home institution)* for developing a short-term scientific mission at *(Host institution)* in the period from (*dd-mm-201x*) until (*dd-mm-201x*), within the framework of the COST Action IMPROVE (CA21139). I accept the work plan for proposed STSM entitled (*Title of the proposal*), which is described in the application. (*Justification for STSM*) This STSM will have a mutual benefit for the applicant, and both for the home and host institution, in consideration of both the specific activities to be performed and the expected strengthening of cooperation between the Home and Host institutions. Moreover, the STSM does not interfere with any obligatory duties of the applicant at the Home institution.

*First name Last name of the responsible person from the Host institution*

Signature