

Prescribed format employer's statement. To be submitted on official letterhead, dated, signed by the superior of the candidate and stamped

I [*name of the superior of the candidate*] hereby give permission to

- *name of candidate*
- *date of birth*
- *position*
- *employed since month / year*

to follow the Short course / Master study / PhD programme:

- [*name course or programme*]
- from [*start date*] to [*end date*]
- at [*educational institution, place.*]

I declare that

- 1. the candidate's salary will continue to be paid during the period for which the fellowship is awarded;**
- 2. at the end of the fellowship period the candidate will be offered a position at least equivalent to the one he/she is currently holding;**
- 3. the candidate will not be assigned any tasks during the fellowship period to ensure that he/she will be full time available for the study programme;**
- 4. I am available to answer questions concerning the fellowship application of this candidate;**
- 5. I am willing to cooperate with NFP/MSP for evaluation purposes of the programme;**
- 6. the information provided in this letter and attachment is true and correct.**

A plan to implement the newly acquired knowledge by the candidate is approved by me and attached to this letter in the prescribed format.

Signature of the superior of the candidate:

Date:

Telephone number:

E-mail address:

Stamp of the organization

Please note that incomplete or incorrect statements inevitably lead to a rejection of the fellowship application. Please be sure that the statement is submitted on the organization's official letterhead and is signed and stamped.

