..............................................................................  
[Full name of the host university]

..............................................................................  
[Address of the host university]

**CONFIRMATION OF ACCEPTANCE FOR A RESEARCH INTERNSHIP**

within the framework of cooperation with Bialystok University of Technology

we hereby confirm our readiness to host the following candidate for a research internship:

**Candidate’s full name:**  
.................................................................................  
**Academic status:**  
☐ PhD student  ☐ academic staff member  
**Home institution - Bialystok University of Technology:**  
.................................................................................

**Planned duration of the internship:**

From: .........................  To: .........................

**Planned research activities during the internship:**

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...................................................................................................................................................  
...................................................................................................................................................

**Topics of lectures or seminars to be delivered by the candidate at the host institution:**

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...................................................................................................................................................  
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**Academic supervisor at the host institution:**

**Full name:**  
.................................................................................  
**Academic title / degree:**  
.................................................................................  
**Department / Unit:**  
.................................................................................  
**E-mail address:**  
.................................................................................

We hereby confirm our willingness to host the above-mentioned candidate for a research internship in our institution, in accordance with the proposed research plan and lecture topics.

**Place and date:**  
..................................................., on ..................................

**Signature and stamp of the authorized representative of the host institution:**

...............................................................  
(full name, position, signature)  
(institutional stamp)