

## SUPERVISOR'S ACCEPTANCE LETTER

I, the undersigned			(Name and	d Su	rnam	e), Pr	ofesso	or at	the
Department of		hereb	y declare t	hat I	supp	ort the	appli	catio	n of
Dr	(Name	and	Surname	of	the	candi	idate)	to	the
HORIZON-MSCA-2024-PF-01-01 cal	I and agree	to ac	t as Super	viso	r and	d host	group	for	the
development of his/her research pr	oject, in ca	se the	e proposal	is 1	funde	d by	the E	urop	ear
Commission.									
Date (dd/mm/yyyy)			Signature						