

**Higher KOS Scholarships**

**Confirmation by the home institution**

**This form may only be filled in by persons authorized to recruit staff**

|  |  |
| --- | --- |
| Name of applicant |  |
| Complete name of your institution |  |
| Address |  |
| E-mail, website |  |
| Name of undersigned |  |
| Position of undersigned |  |

**In the name of our institution I hereby confirm that**

|  |  |
| --- | --- |
| Please tick, where applicable |  |

|  |  |
| --- | --- |
| 1. The applicant named above is currently employed at our institution. |  |
| 1. He / She will be re-employed after the completion of his / her studies in Austria. |  |
| 1. Our institution supports the proposed topic (see application form) for his/her studies in Austria. |  |

**The proposed topic is in line with the training curriculum of our institution**(if yes, please clarify below)

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|  |

**Was there any cooperation with Austrian institutions before?**

|  |  |
| --- | --- |
| Yes | No |

**If yes, please name the respective institution(s) and describe shortly the cooperation.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Austrian institution |  | | |
| Contact person from Austria |  | | |
| E-mail |  | Phone |  |
| Short description of cooperation |  | | |
| Other Austrian partners (name, comment) |  | | |

**Additional information – comments**

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Place, date Signature and stamp of the institution