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| --- | --- |
| **Company Name** |  |

Letter of Recommendation

# Recommendation by home organization for the applicant,

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| --- | --- |
| Name, address and website of home organization |  |
| Name of recommending person |  |
| Position of recommending person within organization |  |
| Email |  |
| Phone |  |

Why do you recommend the applicant to participate in the [SAMPLE] program?

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What will be the benefit for your organization, if the recommended person collaborates with a host organization abroad?

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Can you recommend a partner organization that could host the candidate if s/he gets selected for the program? Please elaborate, if you already have ideas or wishes regarding future contacts, projects or other forms of cooperation

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Period of internship: Are there any limitations regarding the period of absence in 2018?

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# Consent to grant the candidate a leave of absence

|  |  |  |
| --- | --- | --- |
| We agree to grant the applicant a leave of absence for the length of 2-3 months for the scholarship abroad in cooperation with a hosting organization. | | |
| Yes | No |  |
|  |  |

Place the date & Signature