**Home Institution Letter**

*Short Term Scientific Mission (STSM) Grant of NETSKINMODELS COST Action CA21108*

**To: Grant Holder and STSM Coordinator**

**STSM Applicant:** Add Complete Name

**STSM Applicant City and Country:** Add City, Country

**STSM title:** Add Title

**STSM start and end dates:** day/month/year to day/month/year

**Home Institution:** Add University, Country

**Home Institution Responsible:** Add Complete Name

**Host Institution:** Add University, Country

**Host Institution Responsible:** Add Complete Name

I, (name of the responsible person at HOME institution) hereby confirm my support to the STSM application of Mr./Ms./Dr. (Applicant Complete Name), from (Home institution), to perform a scientific mission at (Host institution) in the period from (day/month/year) to (day/month/year) within the framework of the NETSKINMODELS COST Action CA21108. I agree with the proposed STSM work plan and confirm that the STSM is very relevant for the applicant career and will be beneficial for the cooperation between the Home and Host institutions. Furthermore, I confirm that the STSM does not interfere with contractual and/or mandatory duties of the applicant at Home institution.

*(Signature)*

First name Last name of the Home institution Responsible

Day, Month, Year