



CEEPUS II Letter of Endorsement

Title of CEEPUS II network:

Network Coordinator:

University:

Title and function of signatory:

Name of signatory:

I herewith confirm that my university wishes to participate in the CEEPUS II network application indicated above in cooperation with the universities listed in the application.

I confirm that no eligible incoming students moving within the framework of this CEEPUS II network will be charged tuition fees and that all outgoing students will be given full academic recognition for work successfully completed during their study abroad period.

I take note that in the case of teacher mobility the CEEPUS II Agreement demands six teaching hrs per week at the host university.

I confirm that the above conditions will also be valid for new partner universities joining the network at a later stage.

I also confirm that I am authorized to endorse this application on behalf of my institution.

Date, Signature

Institutional stamp