**CRIS Out-Back Fellowship.**

**Acceptance Letter. Outgoing Host Institution.**

**Applicant´s name**:

**Outgoing Supervisor´s name:**

**Outgoing Hosting Institution:**

To whom it may concern,

Mr/Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as Director / Manager / Scientific Director *(select one or specify)* of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(host institution name)* and known the interest of the applicant to develop a fellowship and the commitment of the supervisor, I sign this **acceptance letter as host institution** for the development of the training and research activity of the fellow, **during the Outgoing Phase (two to four first years) of the grant.**

I support the development of the proposed postgraduate fellowship with the strong commitment of facilitating to the fellow the adequate space for the development of his/her training and research activities in our institution.

The fellow will get the accreditation as visiting investigator (or equivalent) and access to the standard equipment as any other institution employee.

The fellow will have a supervisor in the institution, supporting his/her personalized career development plan and scientific support on the research projects. Supervisor and host institution will allow him/her to sign as first or last author of, at least, 75% of the publications derived from the research project associated with the CRIS Out-Back Fellowship and training activities.

Our institution will sign an **agreement** with CRIS Cancer and the Return Host Institution for the duration (**minimum 3 and maximum 5 years**) of the full-time fellowship that will include the rights and responsibilities of each institution and the calendar of the fellowship.

With this Acceptance letter I, in my capacity as legal representative of the institution, hereby declare that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Institution name)* commits itself to participate and contribute to the execution of the CRIS Out-Back Fellowship.

Yours sincerely,

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_