***(to be printed on the official letterhead of the partner institution)***

Al Magnifico Rettore

Università degli Studi di Parma

Via Università, 12 43121 Parma

**LETTER OF INTENT**

I, the undersigned (*name, surname*), of ……….( *insert legal name of the institution, registered address, VAT number*), agree whit this letter of intent to participate in the Mobility program for PhD student of University of Parma by hosting the student (insert name, surname) for the period……………..

……………

 *(insert Name, Surname and Signature of the Legal Representative*

*or person authorized to sign on behalf of the Institution)*

Signature……………………………….

Stamp…………………………………

Date …………………………………