



## EFNS Fellowship 2004

### Acceptance by host department

Head of department: .....

Institution: .....

Address: .....

.....

Tel: .....

Fax: .....

E-mail: .....

Name of Applicant: .....

Has been accepted to carry out the research project

Title of Project .....

at our department.

Duration of the project:

Expected date of beginning:

Support provided by the host institution

.....

Date

.....

Signature