**SUPERVISOR ACCEPTANCE FORM   
FOR ERASMUS+ STUDENT**

Please fill out the following Supervisor Acceptance Form for Erasmus+ Student if you are willing to be his/her supervisor during his/her Erasmus+ study period at your University for the purpose of work on final thesis.

Please note that each student of the University of Applied Sciences Baltazar Zaprešić already has a mentor at his/her home department and that your responsibility is limited to the student's work during his/her stay.

*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Supervisor's name], accept \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Student's*

*name], a student of the University of Applied Sciences Baltazar Zaprešić, to supervise his/her research/work on final thesis during*

*his/her mobility at the University of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of the host University] from*

*\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_.*

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| **SUPERVISOR’S DATA:** |  |
| Name of the home Department/Faculty |  |
| Address: |  |
| E-mail: |  |
| Phone/Fax: |  |

*Date and place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| **TO BE FILLED OUT BY THE MENTOR AT HOME DEPARTEMENT OF THE UNIVERSITY OF APPLIED SCIENCES BALTAZAR ZAPREŠIĆ:**  *I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Mentor's name], agree that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Student's name], a*  *student of the University of Applied Sciences Baltazar Zaprešić, spends an S.U.N.B.E.A.M. study period for his/her research/work on*  *final thesis at the University of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of the host University] from \_\_\_\_\_\_\_\_*  *until \_\_\_\_\_\_\_\_\_.*  *Date and place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mentor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |