***Annex 10***

**Consent Letter of the Foreign Researcher**

(The foreign researcher’s signature is mandatory)

**Project Related Information:**

|  |  |
| --- | --- |
| **Project Title** |  |
| **Principal Investigator: Name, Surname** |  |
| **Project Coordinator** |  |
| **Host Institution** |  |

**Personal data of the foreign researcher:**

|  |  |
| --- | --- |
| **Name, Surname** |  |
| **Academic Degree** |  |
| **Position/Academic Position** |  |
| **Department, Institution** |  |
| **City, Country** |  |
| **Contact Information (phone, fax, E-mail)** |  |

*Please provide a brief description of your consulting services: the specific period(s) of performance in which you will participate in the project, activities and expected results.*

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| --- |
|  |

*Please provide additional information/comments if you consider it relevant.*

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|  |

* I herewith confirm to provide consultancy during the above mentioned project implementation.

**Signature of the foreign researcher:**

**Date:**