**Consent Letter of the Project Consultant**

(To be completed by the Project Consultant; the Consultant’s signature is mandatory)

***Project Related Information:***

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

***Personal data of the Project Consultant:***

|  |  |
| --- | --- |
| **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 Consultant:**

**Date:**