# Confirmation of the Host Institution

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Last name, first name of the candidate

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Name of the research institution in the USA to which the candidate was/is affiliated

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Name of the nominating host institution in Austria

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Last name, first name of the responsible member of the rectorate/presidium

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Name of the institute/department

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Last name, first name of the head of the institute/department

We hereby confirm that *name of the research institution* will employ *name of the candidate* at *name of the institute* for the entire funding period, if the APART-USA fellowship of the Austrian Academy of Sciences is approved.

*Name of the institute* will provide *name of the candidate* with a workplace; all facilities, equipment and consumables required for their research will be made available.

We further confirm that *name of the research institution* will cover a total of 25% of the fellowship costs   
(i.e. EUR 125,000), if the APART-USA fellowship of the Austrian Academy of Sciences is approved.   
The details regarding the payment process are governed by the funding agreement.

We confirm that *name of the candidate* is currently affiliated with the above-mentioned research institution in the USA or was affiliated there until at least January 1, 2025. The relevant proof is enclosed with the nomination documents.

Place, date Signature Head of Institute/Department

Signature Member of Rectorate/Presidium