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**SUPERVISOR ACCEPTENCE FORM FOR ERASMUS+ STUDENT MOBILITY**

**Key Activity 1 (KA107-2019)**

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| STUDENT NAME: |  |
| NAME OF SENDING INSTITUTION (HEI) |  |
| ERASMUS CODE: |  |
| NAME OF DEPARTMENT: |  |
| STUDENT´S MENTOR (NAME): |  |
| ACCEPT/NOT ACCEPT |  |
| E-MAIL: |  |
| PHONE: |  |
| SIGNATURE (SENDING INSTITUTION MENTOR) |  |
| NAME OF RECEVING ORGANIZATION (HEI) |  |
| ERASMUS CODE: |  |
| COUNTRY |  |
| STUDENT´S MENTOR (NAME): |  |
| ACCEPT/NOT ACCEPT |  |
| E-MAIL: |  |
| PHONE: |  |
| SIGNATURE (RECEIVING INSTITUTION MENTOR) |  |

The receving Higher Education Institution approves to supervise and mentor the above mentioned student from **Visoko gospodarsko učilište u Križevcima** in the period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_(day, month, year) until \_\_\_\_\_\_\_\_\_\_\_\_ (day, month, year), for the purpose of study/traineeship in the academic year\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Date and place:

Signature of the person in charge and stamp:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_