

Format employer's statement

This format can be used for KOP and MSP applications

The employer's statement is to be submitted on official letterhead, dated, signed by the superior of the candidate and stamped

I [name of the superior of the candidate] hereby give permission to

- name of candidate
- date of birth
- position
- employed since month / year

to follow the Short course:

- [name course or programme]
- from [start date] to [end date]
- at [educational institution, place.]

I declare that

- 1. the candidate will continue to be paid a salary during the period for which the scholarship is awarded;**
- 2. at the end of the scholarship period the candidate will be offered a position at least equivalent to the one he/she is currently holding;**
- 3. the candidate will not be assigned any tasks during the scholarship period to ensure that he/she will be full time available for the study programme;**
- 4. I am available to answer questions concerning the scholarship application of this candidate;**
- 5. I am willing to cooperate with the KOP/MSP for evaluation purposes of the programme;**
- 6. the information provided in this letter and attachment is true and correct**

A plan to implement the newly acquired knowledge by the candidate is approved by me and attached to this letter in the prescribed format.

Signature of the superior of the candidate:

Date:

Telephone number:

E-mail address:

Stamp of the organization

Website:

Incomplete or incorrect statements inevitably lead to a rejection of the scholarship application. Please be sure that the statement is submitted on the organization's official letterhead and is signed and stamped.

