



Annex 2 – Letter of Institutional Support

[Academic / Research Unit Name]
[University / Institution Name]
[Address]
[City, Country]
[Date]

Letter of Institutional Support for [Applicant's Full Name]

To Whom It May Concern,

This letter is to confirm that [Applicant's Full Name], a [position title, e.g., Research Manager] in the [Academic / Research Unit] at [Institution Name], has informed us of their intention to participate in the **Mentorship Mobility Program within and for EUTOPIA_HEALTH consortium** scheduled to take place from [start date] to [end date] in [location or host institution].

We hereby confirm that we have been duly informed and have no objection to their temporary absence during this period. We support their participation in this activity, which we understand will contribute to their professional development and may also benefit our institution through knowledge exchange and collaboration.

Sincerely,
[Signature]
[Name of the Hierarchical Responsible]
[Position Title]
[Email Address]