**EDENE**

**SUPERVISORS’S COMMITMENT LETTER**

**FULL NAME OF THE CANDIDATE**

|  |  |
| --- | --- |
| First name | LAST NAME |

**TITLE OF THE RESEARCH PROJECT**

|  |
| --- |
|  |

**SUPERVISORS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1st Supervisor** | **First name** | **LAST NAME** | **University/**  **Company** | **Department** | **Mailing Address** | **Phone/**  **email** |
|  |  |  |  |  |  |  |
| **2nd Supervisor**  **(if any)** | **First name** | **LAST NAME** | **University/**  **Company** | **Department** | **Mailing Address** | **Phone/**  **email** |
|  |  |  |  |  |  |  |

**SUPERVISOR’S COMMITMENT LETTER**

*Please include a brief description of the mutual benefit of the recruitment for both the candidate and the hosting institution*

***As a supervisor, I agree to:***

* *present an estimated budget for the project;*
* *find funding for research costs and eventually co-funding on salary (Table to be filled below in 1. FUNDING OF THE RESEARCH PROJECT);*
* *provide a list of at least 5 experts agreeing to be contacted in order to assess the project and without conflict of interest (Table to be filled in 2. LIST OF AT LEAST 5 EXPERTS…)*
* *set up collaborations, stays abroad and possibly co-supervision*

**SIGNATURE OF THE SUPERVISOR (MANDATORY):**

1. **FUNDING OF THE RESEARCH PROJECT**

**EDENE PhD STUDENT SALARY:**

TOTAL EMPLOYER COST (36 months) = **103 917 euros**

Total Europe = 69 660 €

**Remaining costs (Cofunding) = 34 257 €**

I do not have a solution to finance the remaining costs on the salary of the EDENE PhD Student



I have acquired financing: *specify*



I have made one or more requests for additional funding: *specify*



**PREVISIONNAL RESEARCH COSTS :**

|  |  |
| --- | --- |
| **TYPES OF EXPENSES** | **COST (EUROS)** |
| Computer equipment |  |
| Travel expenses (congress…) |  |
| Other costs *(to be detailed)* |  |
| **TOTAL (euros)** |  |

**FINANCING OF COSTS**

|  |  |
| --- | --- |
| **Origine of the financing** | **Amount (Euros)** |
| Provided by the director |  |
| Provided by the laboratory \* |  |
| Other source (*specify*) |  |

\*If part of the funding is provided by the laboratory, please have the Director of the Laboratory sign:

Signature of the Director of the Laboratory:

1. **LIST OF at least 5 external EXPERTS able to evaluate the project, without conflict of interest neither with the candidate, nor with the supervisors and accepting to be contacted**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EXPERTS** | **First name** | **LAST NAME** | **University/**  **Company** | **Department** | Mailing Address/  **COUNTRY** | Phone/  **email** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |