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| --- | --- | --- | --- |
|  |  | | **Faculty of Philosophy and Education**  Department of Philosophy  [Name of the Sender] [Work Address] [Office Number]  [Telephone Number]  [Email] |
| Directorate of Doctoral Studies – SPL 43 |  | |
|  | | | |
| **Confirmation of Mentorship – Erasmus Programme** | |  | Vienna, DD.MM.YYYY |

Dear Director of the Doctoral Study Programme in Philosophy,

In my capacity as [select: supervising faculty member of the Vienna Doctoral School of Philosophy, habilitated staff, I declare that I will act as mentor for [name of student] from [start date of stay dd.mm.yyyy] to [end date of stay dd.mm.yyyy]. The main objective of the mentorship is to [specify student's task]. The main task of the mentor will be to [specify mentor's task].

Best regards,

[Add signature]

[Name of the sender]