INSTRUCTIONS FOR USE — DELETE THIS BOX BEFORE ISSUING THE LETTER

The final document must be issued on the official letterhead of the host institution, dated and signed by the host supervisor/co-supervisor. Complete all fields in brackets. For the research period, state only the starting and ending MONTH and YEAR, without specific days, using full months and the same period indicated in the application. Therefore, regardless of the mobility start date, the month will be counted toward the duration of the scholarship. If the research period begins on or before the 15th day of the month, the scholarship recipient will be entitled to the full monthly allowance; if it begins on or after the 16th, the recipient will be entitled to 50% of the corresponding amount.

TEMPLATE — LETTER OF ACCEPTANCE AND LANGUAGE PROFICIENCY STATEMENT

Doctoral Research Internship Abroad — BRIDGES Call No. 01/2026/PROPG/UFSC

To the Selection Committee of BRIDGES Call No. 01/2026/PROPG/UFSC

I, **[FULL NAME OF HOST SUPERVISOR/CO-SUPERVISOR]**, **[POSITION/TITLE]**, affiliated with the **[DEPARTMENT, INSTITUTE OR ACADEMIC UNIT]** at **[FULL NAME OF HOST INSTITUTION]**, hereby confirm that I accept and agree to supervise the doctoral candidate **[FULL NAME OF APPLICANT]**, who is duly enrolled in the Graduate Program in **[NAME OF GRADUATE PROGRAM]** at **[NAME OF BRAZILIAN INSTITUTION]**, during a Doctoral Research Internship Abroad under the CAPES GLOBAL.EDU Program — BRIDGES Network.

I approve the research plan entitled "**[FULL TITLE OF THE PROJECT]**", to be carried out under my supervision at the **[DEPARTMENT, LABORATORY, CENTER OR UNIT]** from **[STARTING MONTH/YEAR]** to **[ENDING MONTH/YEAR]**, for a total of **[NUMBER]** full months.

The proposed collaboration is justified by **[BRIEFLY DESCRIBE THE RELEVANCE OF THE COLLABORATION, THE RELATIONSHIP BETWEEN THE PROJECT AND THE EXPERTISE OF THE HOST GROUP/INSTITUTION, AND THE EXPECTED CONTRIBUTIONS TO THE RESEARCH]**. The host institution has the academic, supervisory, and infrastructure conditions required for the activities described in the research plan.

I further confirm that the working language to be used during the research period will be **[LANGUAGE]**, which is accepted by the host institution. Based on my interactions with the applicant, including **[WORK MEETINGS, INTERVIEW, ACADEMIC EXCHANGES, OR OTHER MEANS OF ASSESSMENT]**, I attest that the applicant has sufficient oral and written language skills to communicate effectively and carry out the proposed academic and scientific activities.

I therefore certify that the applicant's level of language proficiency is compatible with the country of destination and the working language accepted by the host institution.

It is important to note that **[NAME OF THE FOREIGN HIGHER EDUCATION INSTITUTION]** does not require a proficiency certificate issued by an authorized testing organization for this type of research internship.

[CITY, COUNTRY], **[DAY] [MONTH] [YEAR]**.

_____

[SIGNATURE OF HOST SUPERVISOR/CO-SUPERVISOR]
[FULL NAME]
[POSITION/TITLE]

[HOST INSTITUTION]
[INSTITUTIONAL E-MAIL]