**To Whom It May Concern**

(Confirmation of Acceptance for Sabbatical)

**Basic Details**

|  |  |
| --- | --- |
| **Applicant Name** |  |
| **Affiliation** | King Faisal University |
| **Trainee Start Date** |  |
| **Trainee End Dat** |  |

**Host Institution Details**

|  |  |
| --- | --- |
| **Name of Host Institution** |  |
| **Country of Host Institution** |  |
| **Research Project Titles** | 1.  2.  3. |
| **Hosting Fees (if applicable)** |  |

**Benefits Provided by the Hosting Institution:**

|  |  |  |  |
| --- | --- | --- | --- |
| **( )** | Training Completion Certificate | **( )** | Health Insurance |
| **( )** | Wi-Fi | **( )** | Flight Tickets |
| **( )** | Accommodation | **( )** | Meals |
| **( )** | Transportation | **( )** | Financial Allowance |
| **( )** | Laboratory Access | **( )** | Office Space |
| **( )** | Opportunities to Attend Training Programs | **( )** | Teaching Opportunities |
| **( )** | Opportunities to Conduct Training Programs | **( )** | Other, please specify... |
| **( )** | Research Grants | **( )** | Other, please specify... |

**Host Organization Contact Details**

|  |  |
| --- | --- |
| **Name of Person in Charge** |  |
| **Position** |  |
| **Date** |  |
| **Signature** |  |