



## Agreement on support for student or staff with special needs

Name of sending institution:

Name of hosting organisation/institution:

Name of the participant:

Student

Staff

The agreement covers the period:

Describe the background to the participant's requirement for support:

Define what kind of support the home institution is offering to the  
participant today:

**Define the type of support that the participant requests from the receiving institution/ hosting organisation:**

**Define the support that the participant will receive when he or she is present/on site:**

**Describe how the support will be financed:**

**Additional comments/ agreements:**

**Date:**

**Signature hosting organisation:** \_\_\_\_\_

**Signature sending institution:** \_\_\_\_\_

**Signature participant:** \_\_\_\_\_