From:

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To:

MCI Innsbruck
International Relations Office
Universitätsstraße 15
6020 Innsbruck

**Confirmation of supervision**

I affirm that Ms/Mr ........................................................................................................................

born on ........................................... in ....................................................................................

intends to pursue a research stay from ……………………… to ………………………. at the Faculty of

...................................................................... under my supervision.

I am willing to supervise her/his thesis work at UC Berkeley.

Berkely, …………………………….

……………………………………………………………………………….
signature

Full name and title: ………………………………………………………..