If you are not located at the University of Potsdam and at NO partner institution, please have your institute fill out the form and submit it with your application.

Cost Coverage Declaration for Externals

Institution, including invoice address:

_____

Contact Person:

_____

This is to confirm that the above-named institution is aware that

_____ (applicant's name) is applying for the **International Teaching Professionals (ITP) 2024/25 program**. The institution supports the application and is willing to cover the program costs in the amount of **2,301€.** In case of a successful application, an invoice will be issued by the Potsdam Graduate School.

_____ _____

Place, date Signature of the contact person of the institution