



If you are not at the University of Potsdam but at a partner institution, please have your institute complete the form and submit it with your application.

## Cost Coverage Declaration for members of a partner institution of the PoGS

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Institution, including invoice address:

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Contact Person:

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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 **1,918€**. In case of a successful application, an invoice will be issued by the Potsdam GraduateSchool.

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Place, date

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Signature of the contact person of the institution