

Confirmation of Institutional Affiliation

Date: _____

To Whom It May Concern,

This letter serves to confirm that **[Name of the Individual]** is affiliated with **[Name of the Academic Institution]** as **[Position or Role]**.

The period of this affiliation is from **[Start Date]** to **[End Date]**. During this time, the individual is engaged in **[Brief Description of Activities or Responsibilities]**.

If you require any further information, please do not hesitate to contact us at **[Contact Information]**.

Sincerely,

[Your Name]

[Your Position]

[Name of the Academic Institution]

[Institution Address]

[Phone Number]

[Email Address]