**Sylff Research Abroad**

**Confirmation***by the Sylff Steering Committee*

***1. Applicant Information*** *(this part of the form to be completed by the* ***applicant****)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | *(Given Name) (Surname)* Mr./ Ms. / Other | | |
| Current institution |  | | |
| Field of study |  | | |
| Academic supervisor  at home institution | Name:  Title & Dept.: | | |
| Period of research  (dd/mm/yy) to (dd/mm/yy) |  | Proposed  budget in US$ |  |

(To Sylff steering committee member)

The above student is applying for the Sylff Research Abroad program, managed by the Sylff Association (www.sylff.org). Please confirm that the above student received a Sylff fellowship from your institution by filling out the form below. Please return the form to the student as a PDF file so that the student can send it to us via email.

***2. Sylff Fellowship Status of the Above Student***

|  |  |  |  |
| --- | --- | --- | --- |
| Sylff institution |  | | |
| Department/field of study |  | | |
| Year(s) when s/he received Sylff fellowship |  | Amount of fellowship  (currency) |  |
| Note |  | | |

***3. Information on the Chairperson of the Sylff Steering Committee***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | | *(Given Name) (Surname) Prof./ Dr./* Mr./ Ms./Other | | |
| Title/position | |  | | |
| Department/faculty | |  | | |
| Tel |  | | Fax |  |
| Email |  | | | |

I hereby certify that all the information given above is correct to the best of my knowledge, and I confirm that the above person has received a Sylff fellowship from my University.

Signature (by Chairperson of the Sylff Steering Committee) Date