**Sylff Research Abroad**

**without Overseas Travel for FY2021**

**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 without Overseas Travel for FY2021, 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