

AUTHORISATION FORM

The below section is to be completed by the line-manager of the applicant

Are you in full support of this application?

YES NO

Line manager (in case of staff/supervisor in case of student)

Name & Surname

Signature

The below section is to be completed by the Faculty Research Coordinator

Faculty Research Coordinator				
I hereby confirm that this application has been checked	YES		NO	
Are you in support of this application	YES		NO	
Is this application endorsed by the Faculty	YES		NO	

Full name of FRC:

Signature of FRC:

Date: _____

Full name of Dean of Faculty:

Signature of Dean of Faculty:

Date: _____

Faculty stamp