**TRAINING – Administrative and Technical Staff**

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| Name: ....................................................................................................................................Department: …………………………………………………………………………………………………………....Phone: ………………………………Email: …………………………………………………………………………………...Receiving institution: (By Priority)1. ................................................................ Country: .......................................
2. ................................................................ Country: .......................................
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| **Description of planned training:** |

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|  signature: ......................................................... Date: ........................................................ |

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| **Approval of Supervisors****Supervisor: (attached recommendation Letter)****I recommend the participation in the Staff Training.****I confirm that the proposed training plan is approved and in accordance with the applicant’s field of work.** |
| Name: .......................................................... Date: ...........................................................**Head of Faculty Administration or Head of Division:**Name**: ………………………………………**Date: .............................................................. | Signiture: **………………………………….**Signature: ....................................................... |

**Recommendations of the Committee:**