



Statement of support for student participation

Student name:

Student status: Msc Ph.D.

Name of Supervisor/Department Head:

E-mail:

Institute/Organization:

Department/Unit:

Address:

City:

ZIP/postcode:

Country:

Please describe in a few lines the reasons for supporting the student's participation in the SAWtrain Summer School:

Date:

Supervisor signature

Please save this file, name it *LASTNAME_statement_support* and email it, together with your application form (see template), to info@sawtrain.eu by March 20, 2017, using the subject line: *SAWtrainSuS application LASTNAME*.