



SPONSORING INSTITUTION VERIFICATION

Please fill in your name, country, and field of study before delivering this form to the contact at your sponsoring institution.

Name of applicant _____

Country _____ Field of study _____

PART I

Will the applicant be guaranteed a position at your institution upon completion of studies? Yes No
If yes: Full time Part time

What form will the guarantee take? _____

Is the applicant eligible for a leave of absence with pay? Yes % of salary: _____ No

If yes, what is this annual amount in local currency? _____ In \$U.S.? _____

Please note any time restrictions on the leave of absence _____

(Name of individual completing this section)

(Signature)

(Position/Title)

(Date)

Please stamp with your institutional seal.

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PART II

Person or office that will handle future correspondence with LASPAU regarding this candidate:

Name _____ Position _____

Address _____

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PART III

Explain in detail how this candidate will contribute to the development of his/her discipline at your institution. What are the specific institutional needs that this candidate will address upon return? Attach additional pages as necessary.

(Name of individual completing this section)

(Signature)

(Position/Title)

(Date)