

Additional Scholarship for a Post-Doctoral Fellow

Date: _____

To: The Executive Vice President for Academic Affairs

From: _____ Department: _____
Head of the department

Name of the candidate: _____ I.d./Passport no. _____

Period of additional scholarship: from _____ until _____

Monthly additional scholarship of: _____ Budget no. _____

The supervisor – (name of a faculty member): _____ Phone no. _____

Signature: _____ Date: _____
Head of the department Supervisor

Budget Approval:

Approved from: _____ until: _____ no. of months: _____

Monthly additional scholarship: _____ Sum: _____

Approval no. _____ Budget no. _____

Date: _____ Name & signature: _____

Academic Approval:

The Executive Vice President for Academic Affairs _____
signature