

Application Form for 2020 Incubation Study (IS)

Date: _____

To the Director-General of the Research Institute for Humanity and Nature (RIHN)

Information about the applicant (project representative)

Name of applicant's
institution: _____

Applicant's position: _____

Applicant's name: _____

Name in block letters

Signature

Applicant's e-mail: _____

Project Title	
Research plan	See Form 1-2 (Incubation Study Proposal)
Academic record	See Curriculum Vitae of Applicant

Certificate of Authorization

I hereby grant my consent for the above applicant to submit a proposal for an RIHN Incubation Study, and to undertake the collaborative research for the Incubation Study should the proposal be accepted.

Date: _____

Name in block letters:

Signature*

Position of the Head of the Institution:

*We will also accept the signature of a subordinate of the person named above, provided he/she has the necessary authorization.