# Recommendation by current department

Head of department:

Institution:

Address:

Tel:

E-mail:

I recommend

Name of Applicant:

for a Paul Fentener van Vlissingen Fellowship to carry out the research project

Title of Project

at

Hosting Department

The applicant will be given leave of absence for the duration of the fellowship.

Please state what the fellowship brings to the research in your department after return of the fellow.

………………………………………… ………………………………..

 Date Signature