AUTHORIZATION TO PARTICIPATE IN AN EXTERNAL RESEARCH PROJECT OF (NAME OF THE BENEFICIARY INSTITUTION/UNIVERSITY)

|  |
| --- |
|  RESEARCHER’S DETAILS |
| Surmanes, Name: |  |
| ID Number: |  |
| Professional category: |  |
| E-mail: |  |

|  |
| --- |
|  DETAILS OF THE RESEARCH PROJECT |
| Principal Researcher (Surnames, Name)  |  |
| Beneficiary university: |  |
| Title of the project: |  |
| Call: |  |
| Publication: (specify Oficial Boletin and date of publication) |  |
| Dedication to the project: |  |
| I (name of the legal represantative of the institution) as (position) and legal representative of (name of the institution/University) hereby AUTHORIZE to the researcher above mentioned, to participate in the external project aboved detailed.Likewise, I declare that the researcher meets the requirement of entailment established in the call ,as well as the commitment of the institution that I represent to keep the entailment during the entire period of execution of the project.Place and dateSigned: name of the legal represantative of the institution |