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

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

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| 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 date  Signed: name of the legal represantative of the institution | |