**Recommendation by home institution**

|  |  |
| --- | --- |
| Chair/ Head of department: |  |
| Institution: |  |
| Postal address: |  |
| Tel. (incl. country code): | + |
| Official E-mail\*: |  |

I recommend

Name of Applicant:

to carry out a research project/ receive training in a research method or clinical area through the ILAE Visiting Scholarship Program.

Title of project/ Training goal:

at

Hosting department:

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

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Date Signature