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52062 Aachen

Confirmation of RWTH Supervision Research Fellowship Program

Name of supervisor: _____

Institute: _____

I hereby confirm that I am responsible for supervision of the Research Fellow and that she/he is assigned to my institute.

☐ Ms. / ☐ Mr.

Surname: _____

First name: _____

Date of birth: _____

Home university: _____

Duration of attendance: _____

Date

Signature of RWTH supervisor

Stamp of Institute/Department