HUMANITIES RESEARCH CENTRE, RSHA
INTERNAL FELLOWSHIP SCHEME: 2011/2012
SUPERVISORS APPROVAL FORM

Name of Applicant:

Surname: ___________________ Given Name: ____________ Title: _____________

Name of Supervisor:

Surname: ___________________ Initials: _______ Title: _____________

Contact address:_________________________________

T: __________________________ F: _______________________________

E: __________________________________________

Signature: _______________________ Date: __________________________

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