

MAXQDA RESEARCH GRANTS 2019

Signature of Research Supervisor or Academic Mentor

I hereby confirm that _____ (name of applicant) is my student or mentee and that they **will be conducting fieldwork** in _____ (city and country) starting on _____ (date).

By signing this document, I hereby declare that all of the information submitted by the applicant about themselves and their research project is true to the best of my knowledge. I also agree to act as a reference for the applicant and acknowledge that I may be contacted to verify key information.

PRINTED NAME: _____

Academic/Professional Title:

Name of Academic Institution:

Department:

E-Mail: _____ Phone: _____

Date: _____ Signature: _____