**BDIAP Student Elective Application**

**Approval of Head of Department in which work is to be carried out**

**NAME OF APPLICANT:**

**TO HEAD OF DEPARTMENT**

The above-named applicant has applied for a BDIAP Student Elective bursary. Please sign the declaration below in support of their application.

I agree to accept the candidate to work in my department/institution, and I can confirm that the elective work/project has been approved by me and the candidate can be accommodated in the laboratories concerned.

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Signature

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Print Name

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Email

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Institute

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Date