

MAXQDA RESEARCH GRANTS

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 herek	y declare that all of the information submitted by the applicant
about themselves and their resear	ch project is true to the best of my knowledge. I also agree to
act as a reference for the applica	nt 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: Sig	nature: