

# 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 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: \_\_\_\_\_