

Letter of Support



Funding Program:

Applicant (Title, First name, Last name):

Contact (Institution, Address at the University of Bamberg, E-Mail):

Supervisor (Title, First name, Last name):

Letter of Support:

I am informed that _____ (*name, first name*) is applying for funding from the Academic Equal Opportunities Office to carry out independent research activities. I support this application and agree that working time and/or workplace infrastructure will be used for the preparation and/or implementation of the planned activity. Furthermore, I am aware that the funds provided by the Equal Opportunities Office for Science is limited to a maximum amount of €1000.

I hereby confirm that the funds provided by the Academic Equal Opportunities Office may be used via the departmental account and that it will only be used for the purpose mentioned in the application.

Signature of supervisor