



EFNS Fellowship 2004

Recommendation by current department

Head of department:

Institution:

Address:

.....

Tel:

Fax:

E-mail:

I recommend

Name of Applicant:

for an EFNS Fellowship to carry out the research project

Title of Project

at

Hosting Department

The applicant will be given leave of absence for the duration of the fellowship.

.....
Date

.....
Signature