

2008 CERN School of Computing

Gjøvik, Norway - 25 August - 5 September 2008

Certification Form from the Applicant's Professor or Supervisor

This form may either be printed (PDF version or Word version) and filled out by hand (in that case, please write clearly) or the Word version may be edited and then printed. In either case, the paper version correctly signed by the applicant's professor or supervisor must be sent by postal mail.

To be returned, together with the relevant letter of reference, to Mrs. F. Baud-Lavigne, CERN, 1211 Geneva 23, Switzerland, before 1st May 2008. See http://cern.ch/CSC for Application details.

This form is to be filled out and signed by the applicant's professor or supervisor and NOT by the applicant

I, t	:he	unde	ersi	gnec	l, ap	plicant	t's	profes	sor	or	supervi	sor,	certify	' that	the	inforr	mation	con	tained	in	the
app	olica	tion	to	the	2008	CERI	Ν	School	of	Co	mputing	of	the pe	rson	ment	ioned	below	, in	particu	ılar	the
info	rma	tion	con	cerr	ning h	is/her	de	gree an	ıd p	lace	e of work	loc	ation, i	s corre	ect:						

information concerning his/her degree and place of work location, is correct:					
Signature of the applicant's professor or supervisor:					
Date:					
Applicant's First Name					
Applicant's Family Name					
Details required concerning Applicant's Professor or Supervisor					

Details required concerning Applicant's Professor or Supervisor						
Professor or S	Supervisor					
First Name/Fa	amily Name					
Title (Mrs. M	iss Mr.)					
Function in the	e Organization					
Name of Orga	anization					
Address of	P.O.Box					
Organization	Street					
	Town					
	Postal Code					
	Country					
	Cedex					