

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 form must be signed by the applicant's professor or supervisor.*

*To be returned, **together with the relevant letter of reference** to F. Baud-Lavigne,
either by email: Computing (dot) school (at) cern (dot) ch
or postal mail (Mrs. F. Baud-Lavigne CERN, 1211 Geneva 23, Switzerland
before 3rd May 2010. 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, the undersigned, applicant's professor or supervisor, certify that the information contained in the application to the 2009 CERN School of Computing of the person mentioned below, in particular the 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	

Required details concerning Applicant's Professor or Supervisor		
Professor or Supervisor		
First Name/Family Name		
Title (Mrs. Miss Mr.)		
Function in the Organization		
Name of Organization		
Address of Organization	P.O.Box	
	Street	
	Town	
	Postal Code	
	Country	
	Cedex	