OFFICIAL ENDORSEMENT

**The undersigned:**

|  |  |
| --- | --- |
| *Name of the Director* *(Supervisor, Employer)* |  |
| *Institution*  |  |
| *Address* |  |
| *Telephone* |  |
| *E-mail*  |  |
| **endorses the following staff member:**  |
| *Name of application candidate* |  |
|

|  |
| --- |
| **as candidates for the Regional Workshop for Arab States on Impact Assessment in a World Heritage Context** |

 |
|

|  |
| --- |
| **and gives them permission to attend the course as an official capacity building activity. The candidate’s present position will still be available to them after the course is over.**  |

 |
| *Signature* |  |
| *Date*  |  |
|  |  |
| *Stamp of institution (if available)* |  |