OFFICIAL ENDORSEMENT

**The undersigned:**

|  |  |
| --- | --- |
| *Name* |  |
| *Title or Position*  |  |
| *Institution or Organization* |  |
| *Address* |  |
| *Telephone* |  |
| *E-mail*  |  |
| **endorses the application:** |
| *Name of the candidate* |  |
|

|  |
| --- |
| **for the following ICCROM course:** |

 |
| *Title of the course*  |  |
|

|  |
| --- |
| **to ensure the ongoing capacity building of the candidate.****The candidate’s present position will still be available to her/him after the course is over.**  |

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