OFFICIAL ENDORSEMENT

**The undersigned:**

|  |  |
| --- | --- |
| Name of the Director (Supervisor, Employer) |  |
| Institution  |  |
| Address |  |
| Telephone |  |
| E-mail  |  |
| **endorses the following staff member:**  |
| *Name of application candidate* |  |
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| **as candidates for Documenting layered Heritage: a workshop on the Mausoleum of Hadrian (DOCU2024)** |

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| **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)* |  |