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)* |  |