

	<p><i>Please return to: PZ at the Institute</i></p> <p>or</p> <p>Personnel Department NWO-I PO Box 3021 3502 GA UTRECHT The Netherlands</p>	<p>For further information employees of institutes please contact your personnel officer.</p> <p>Other employees can contact: Ms. A. Bor, email: a.bor@nwo.nl; tel.: +31 30 600 12 37 or Ms. M.L.F.G. Teuwissen, email: m.teuwissen@nwo.nl, tel.: + 31 30 600 12 61.</p>
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**REQUEST FOR CONTRIBUTION TOWARDS STUDY COSTS**

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**(In case you receive the 30% rule we do not compensate the costs for a Dutch Course)**

Name and initial(s) : \_\_\_\_\_

Institute/Team : \_\_\_\_\_

Job title : \_\_\_\_\_

Working hours : \_\_\_\_\_

Educational institution's name : \_\_\_\_\_

Physical address of programme/course : \_\_\_\_\_  
\_\_\_\_\_

Course/Programme name : \_\_\_\_\_

Study mode :  day  evening  correspondence course

Start date and end date : \_\_\_\_\_

Course hours : \_\_\_\_\_

Course structure and schedule : \_\_\_\_\_ days a week / month

Mon    Tues    Wed    Thurs    Fri    (circle what is applicable)

For a period of \_\_\_\_\_ weeks / months /years

Estimated costs per year : Any additional details:

course fee            € ..... \_\_\_\_\_

exam fee             € ..... \_\_\_\_\_

learning materials    € ..... \_\_\_\_\_

travel expenses        € ..... \_\_\_\_\_

meal expenses         € ..... \_\_\_\_\_

Total                    € ..... \_\_\_\_\_

What is your motivation for taking this course / programme?

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Date:

Signature:

Notes/comments by line management: \_\_\_\_\_

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Date:

Signature:

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Personnel officer's / Team leader's judgement and recommendation:

How will the applicant and the Institute / Team benefit from the proposed course of study?

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In view of his or her career options/prospects, has the applicant selected the correct course of study?

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Contribution:

 50%  
↓ 100%  
↓

Study leave for exams during  
working hours:

 50% 100%

Travel expense reimbursement?

 yes no

Meal expense reimbursement?

 yes no

Have any further arrangements been made about these  
reimbursements?

 yes no

If yes, what arrangements? \_\_\_\_\_

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Date:

Name:

Signature:

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For P&O/NWO-I Official Use only

Kostensoort/reg.nr. : \_\_\_\_\_

Reg. verm. LB : \_\_\_\_\_

Verwerkt P&O : \_\_\_\_\_

Verwerkt SA : \_\_\_\_\_

Controle SA : \_\_\_\_\_