



Please return to:
 PZ at the Institute
 or
 P&O NWO-I
 PO Box 3021
 3502 GA UTRECHT
 The Netherlands

For further information, employees of institutes please contact your personnel officer.

Other employees can contact:
 Ms. A. Bor, a.bor@nwo.nl, +31 30 600 12 37
 or
 Ms. M.L.F.G. Teuwissen, m.teuwissen@nwo.nl, + 31 30 600 12 61.

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

Monday Tuesday Wednesday Thursday Friday

(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?

Date:

Signature:

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Notes/comments by line management: _____

Date:

Signature:

=====

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

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

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

Contribution:	<input type="checkbox"/> 50%	<input type="checkbox"/> 75%	<input type="checkbox"/> 100%
	↓	↓	↓
Study leave for exams during working hours	<input type="checkbox"/> No leave	<input type="checkbox"/> 50%	<input type="checkbox"/> 100%
Travel expense reimbursement?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Meal expense reimbursement?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any further arrangements been made about these two reimbursements?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, what arrangements? _____

Date:

Name:

Signature:

For P&O/NWO-I Official Use only

Kostensoort/reg.nr. : _____
Reg. verm. LB : _____
Verwerkt P&O : _____
Verwerkt SA : _____
Controle SA : _____