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Certificate	of Research Ca	reer
Name		
Date of Birth:	MM/DD/YY	ζΥΥ
The above person hereby verifies in	this	that he/she ha
engaged in the research as detailed below.		
Date: MM/DD/YYYY		
Director of Resea	arch Institution:	Official seal
Deta	ails are as follows:	
1 Period of time during which the abov From MM/DD/Y	ve person had engaged in YYYY to MM/DD/YYYY	
2 Status of the above person during the	e period he/she had engag	ged in the research
3 Title of position and name of the reso	earch supervisor	
4. Main research agenda		