### Application Details

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| Applicant Name: |  |
| Application ID: |  |

### Head of Department or Unit\*

*\*This section must be certified by the applicant’s Head of Department/Unit.*

I have reviewed this grant application and I certify that:

* I support the activity proposed in this application
* to the best of my knowledge, all information provided in the application is correct;
* the leave proposed in the Application is agreeable to the Department; and
* the application is endorsed by the Department

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| Name: |  | Position: |  |
| Signature: |  | Date: |  |