Recommendation Form for the FRIS Adjunct Researcher

Application Date: Month Day, Year

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| --- | --- |
| Name of the candidate |  |
| E-mail |  |
| Affiliation / department / position |  |
| New assignment / re-assignment(Choose the one that applies) | [ ]  New [ ]  Re-assignment |
| Preferred term for title assignment (within 3 fiscal years) | Month Year to March Year |
| Name and position of recommender (Faculty member of FRIS) |  |
| Research theme as Adjunct Researcher |
|  |
| Past activities as Adjunct Researcher (only in case of re-assignment application) and planned activities |
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