**Participates for approved Study Visit Abroad**

**Main responsible contact for the trip:  
Duration:  
Date:**

**Participating WASP-funded students (add rows if needed)**

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| **Name** | **Email** | **Batch/ Class** | **University** | **Type of PhD Academy/ industry** | **Approved by WASP Program Office  Yes/No & date** |
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**Participating WASP-affiliated students (add rows if needed)   
*Note that affiliated PhD students cover their own cost.***

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| **Name** | **Email** | **Batch/ Class** | **University** | **Type of PhD Academy/ industry** | **Approved by WASP Program Office  Yes/No & date** |
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**Participating supervisor/senior researcher/PostDoc (Maximum 2 persons)**

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| --- | --- | --- | --- |
| **Name** | **Email** | **University** | **Role within WASP** |
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