**Participates for approved Study Visit Abroad (form #2)**

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

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

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| **First Name** | **Last name** | **Email address** | **University** | **WASP-funded  yes/no** |
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**Participating supervisor/senior researcher/PostDoc (Maximum 2 persons)**

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| --- | --- | --- | --- |
| **First Name** | **Last name** | **Email address** | **Role in WASP** |
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