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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name** | **Last name** | **Email address**  | **University** | **WASP-funded yes/no** |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

**Participating supervisor/senior researcher/PostDoc (Maximum 2 persons)**

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