DEPARTMENT OF LAW

Research Mission Authorization

(to be filled in by the Supervisor and attached to the Mission Order Request)

Resea	rchers's Name:
Super	visor's Name:
Place	and date of Mission:
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	ance of the mission to current research:
Is the	length of the mission appropriate?
	length of the mission appropriate.
Please	e indicate the specific benefit to the researcher (see para. 11.1. of the Guide)
0	presentation of research at a conference
Ο	access to research resources not easily available at EUI
0	contact with individual(s) necessary for research project (including external co-supervisor, specialist or practitioner)
0	other (please specify)
Recon	nmendation: O I do O I do not recommend the mission
If reco	ommended, please rank the mission
0	Absolutely central for current research
0	Useful for current research
0	Useful but not necessary
Date:	Signature of Supervisor: