

SHORT-TERM RESEARCH SCHOLAR FORM**Host Institution**

Name:

Address:

Phone:

Hereby certifies that the Short-term Research Scholar

Name:

Date of Birth:

Address:

Phone:

Has completed his/her research project at Illinois Institute of Technology as part of his/her degree program at
(name of home institution).

Project duration: Start Date:

End Date:

Number of weeks/months:

Project title:

Project subject:

Supervisor:

Name:

Position:

Department:

Address:

Phone:

Email:

Signature:

Date: (MM/DD/YY)