



Confirmation of Academic Training Completion

LASPAU would like to reconfirm the date you will be finishing your academic training. In conjunction with your supervisor, please complete and sign this form and return it to your LASPAU program advisor. Thank you for your cooperation in this matter and good luck during the remainder of your training.

Grantee name: _____

Termination-of-program-date in LASPAU's Database: _____

Is the above date correct? yes no*

*If **no**, please write the correct date and contact your program advisor immediately: _____
mo./day/year

Estimated date of departure: _____
mo./day/year

Future address in home country: _____

Future telephone number (s): _____

Future email address (es): _____

Signature of Grantee

Date

Signature of Supervisor

Date