



Raine Visiting Professor Awards

Certification Form

(1) Host Co-ordinator

Full Name	
Signature	Date

(2) Nominated Visiting Professor

Full Name	
Signature	Date

(3) Head or Director of Host School/Centre/Institute

I certify that the Host School/Centre/Institute has appropriate resources and facilities to support the visit of the proposed Raine Visiting Professor.

Full Name	
Signature	Date

(4) Head or Director of contributing School/Centre/Institute (if applicable)

I certify that the School/Centre/Institute will contribute to funding (as outlined in the Nomination Form budget) to support the visit of the proposed Raine Visiting Professor.

Full Name	
Signature	Date

(5) Head or Director of contributing School/Centre/Institute (if applicable)

I certify that the School/Centre/Institute will contribute to funding (as outlined in the Nomination Form budget) to support the visit of the proposed Raine Visiting Professor.

Full Name	
Signature	Date