



Application to ISTT Student/Technician Member

PROOF-OF-STATUS

Applicant's Name: _____

Supervisor

Title	
Name	
First name	
Department / Unit / Service	
University / Institute	
Street / Address	
Zip code / City / Country	
E-mail	
Professional relationship with the applicant:	
The applicant works under my supervision as a:	
The applicant works under my supervision since:	

Place and date: _____

Applicant's Name and Signature

Supervisor's Name and Signature

Please, fill up this form (fillable using Adobe Acrobat software) and send it to ISTT by e-mail, fax or mail (see below for ISTT address, WEB, e-mail and fax number)