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| --- | --- | --- | --- | --- | --- | --- |
| Recommendation Letter | | | | | | |
| *(This form is to be completed by applicant’s direct supervisor who has the authority to release/ confirm the applicant’s participation to join the program)*  Please note that your signature on this form signifies your agreement to the following:   * to release the applicant from work duties while he/she attends Pre-Course workshop. **This training is full-time and compulsory**. * to release the applicant from work duties while he/she attends short course program in Australia. **This training is full-time and compulsory**. * to release the applicant from work duties while he/she attends Post-Course workshop. **This training is full-time and compulsory**. | | | | | | |
| Name of Organisation | | | Politeknik Negeri Batam | | | |
| Name of Authorised Supervisor | | | Uuf Brajwidagda | | | |
| Position title of Authorised Supervisor | | | Director | | | |
| Name of Applicant | | |  | | | |
| Position title of Applicant | | | Lecturer | | | |
| Applicant’s Level of position in organisation structure  *(eg. Echelon and Golongan)* | |  | | Date commenced | | /  / |
| How long have you known the applicant and in what capacity? | | |  | | | |
| Please make any additional comments about the applicant's potential or personal qualities which you feel would be helpful to the Short Term Award Selection Team.  *(additional pages/ documents are accepted)* | | |  | | | |
| **Authorised Supervisor signature\***  On behalf of the organisation, I, the undersigned, agree to be bound to the above commitments and strategies | | | | | | |
| Full Name | Uuf Brajawidagda | | | | Signature & stamp | |
| Email | direktur@polibatam.ac.id | | | |  | |
| Mobile | 08127038340 | | | |
| Date | /  / | | | |