Appendix 4. EKA Regulation on Research and Artistic Activity

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EKA University of Applied Sciences

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| --- | --- | --- |
|  |  |  |

***(position or student)*** *(first name, surname)*

|  |  |
| --- | --- |
| E-mail: |  |

To: Head of Science Administration Department

EKA University of Applied Sciences

**APPLICATION**

[Publish Date]

Please, pay the expenses in the amount of *EUR*, *CENTS* eiro(*amount in words*).

The purpose and items of expenses are the following:

*List of the purpose and items of expenses*

|  |
| --- |
|  |

 *(applicant signature, applicant name)*

Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Head of Science Administration Department /

*(signature, date)*