Potsdam Graduate School

Research Management & Leadership 2026 / 2027

If you are not at the University of Potsdam but at a partner institution, please have your institute complete the form and submit it with your application.

## Cost Coverage Declaration for members of a partner institution of the PoGS

Institution, including invoice address:

_____

_____

_____

_____

Name and Contact:

_____

_____

This is to confirm that the above-named institution is aware that

_____ (applicant's name)

is applying for the program **Research Management & Leadership 2026 / 2027**.

The institution supports the application and is willing to cover the program costs in the amount of **1,799 €**. In case of a successful application, an invoice will be issued by the Potsdam Graduate School.

_____ _____

Place, date Signature of the contact person of the institution