

**Participating in a meeting funded by Research Project form**

**Name of Participant:** **Rank:**

**Department:**       **School:**

**Project Number:**

**Project Title:**

**Place and date of the meeting :**

Objectives of the Meeting:

Title, date and place of the past meeting attended and supported by the University:

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## Department Chair recommendation:

##  Recommend:

##  Don’t recommend

## Signature Date:

**-----------------------------------------------------------------------------------------------------------------------**

**Dean of school recommendation:**

 **Recommend**

 **Don't recommend**

**Signature: Date:**

**-----------------------------------------------------------------------------------------------------------------------**

**Dean of Research recommendation:**

 **Recommend**

 **Don't recommend**

**Signature: Date:**

**-----------------------------------------------------------------------------------------------------------------------**

**German-Jordanian University President:**

 **I Agree according to GJU bylaws and regulations**

 **I Don't Agree**

**President: Prof. Dr. Natheer Abo-Obeid**

**Signature Date:**

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