

AEP 2024 Application Agreement

Please have an authorized official from your agency complete this agreement and reference form. You should then scan it as a pdf and attach it to your online application.

Applicant	
Given name(s)	
Family name	

Authorized Official	
Given name(s)	
Family name	
Institution and Department	
Job title	
Telephone number	
E-mail address	

I, the undersigned, acting on behalf of the above institution/department where the applicant is employed, hereby certify that:

- 1) The applicant, if accepted, will receive leave of absence with regular pay for the duration of the AEP course (June 17 - July 12, 2024) and, on return, will resume his or her current duties.
- 2) The applicant, if accepted, will have no duties or assignments for the duration of the course that would conflict with devoting his/her full time and attention to the course.
- 3) The applicant, if accepted, is under the obligation to attend the entire course.
- 4) The applicant certifies that he/she is able to express himself/herself in English proficiently (no simultaneous translation is provided).
- 5) The applicant's agency/institution will cover the cost of obtaining a visa for Austria.
- 6) The applicant's agency/institution will cover the travel expenses from the applicant's home to Vienna and back to the applicant's home. Participants from IDA-eligible countries may apply for a travel subsidy.
- 7) The applicant, prior to arrival in Vienna, is not suffering from any medical condition that could prevent his/her full attendance during the program. The applicant's agency/institution agrees to reimburse the Joint Vienna Institute for all expenses incurred as a result of any pre-existing medical condition.

<p style="text-align: center;">Official Institution Seal</p>	<p style="text-align: center;">-----</p> <p style="text-align: center;">Authorized official's signature</p> <p style="text-align: center;">-----</p> <p style="text-align: center;">City, Date</p>
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AEP 2024 Reference

Please provide an assessment of the applicant's suitability for the Applied Economic Policy course by discussing his/her abilities in economics. Indicate how long and in what capacity you have known the applicant and how he/she would benefit from attending the course (max. 1500 characters).

Authorized official's signature

City, Date

Email

Telephone