*Consent Form for HSE Graduate’s Participation in the Competition and His/Her Readiness to Work with a Research Assistant*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name), hereby give my consent to visit HSE as part of the HSE Alumni Academic Fellowship Competition for the period from \_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_. In addition, I hereby grant my consent to work with a research assistant, who shall be selected among HSE’s teachers, graduate students and undergraduates.

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| Last Name/First Name/Middle Name | Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |