



12th International Symposium on In Vivo Body Composition Studies

Student Declaration

(To be signed by the Applicant's Head of Department)

Please complete all details and email to: ISBCR@auckland.ac.nz

Delegate (Applicant) Full Name: _____

Degree/Programme currently enrolled in: _____

Department: _____

Student ID number: _____

Email: _____

I hereby certify that _____ is a full-time
(Name of Student)

student at _____
(Name of Institution/Organisation)

Signed: _____
(Head of Department)

Name (please print): _____

Date: _____