**Homburger Forschungsförderprogramm der Medizinischen   
Fakultät der Universität des Saarlandes**

**Förderperiode 2026**

**HOMFOR-Exzellent**

**Confirmation of the length of employment**

I confirm that the applicant will be employed as a staff member in my department for the entire

duration of the HOMFOR project and will not be financed more than 65 % through third-party

funding.

**Name of applicant:**  
Klicken oder tippen Sie hier, um Text einzugeben.

**Name of head of department:**  
Klicken oder tippen Sie hier, um Text einzugeben.  
  
**Signature of head of department:**  
  
  
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*This form must be fully completed and signed by the applicant’s respective supervisor (head of   
department).  
Please scan and return the signed document via e-mail together with your HOMFOR application no later than September 30th, 2025.  
Applications submitted without the head of department’s signature will not be processed.*