

Working Program 2024

Bilateral scientific exchange between Heidelberg University and

1. Name: _____ Surname: _____
Position: _____
2. Date of birth: _____
3. Number of ID/passport (relevant for payment of daily allowances): _____
4. Working Address (Faculty, Department): _____
Phone: _____
E-Mail: _____
5. Contact Person and Department at Partner University: _____
Phone: _____
E-Mail: _____
6. Research Topic: _____
7. Planned Project(s) at Partner University: _____
8. Planned Date and Duration of Visit: _____
9. Language Skills: _____
10. Accommodation: Yes No

Signature:

Date: