## Working Program 2026

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: