**APPLICATION FORM**

**INTERNATIONAL PROGRAMME FOR GUEST PROFESSORS**

|  |  |
| --- | --- |
| Applicant University |  |
| Head of institute |  |
| Department |  |
| Address |  |
| Faculty |  |

|  |  |
| --- | --- |
| **Project coordinator** |  |
| Contact information |  |
| Additional administrative contact person |  |

|  |  |
| --- | --- |
| **Details of the visiting scholar** | |
| Name |  |
| University/ non-university research institution |  |
| Institut |  |
| Address |  |
| Subject area |  |
| Faculty |  |

|  |  |
| --- | --- |
| Funding period | 🞏 2024 🞏 2025 🞏 2026 |
| Duration of stay (total) |  |
| Time of stay (months, from/to) |  |

|  |  |
| --- | --- |
| **Costs** | |
| Scholarship |  |
| Travel allowance |  |
| Tangible means (total) |  |
| Total |  |
| Yearly rate | 🞏 2024 = 🞏 2025 = 🞏 2026 = |

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Date, place Signature of project manager