

UW/MUN – komitéen ved Universitetet i Bergen
Returneres i to eksemplarer med nødvendige
vedlegg til søkerens fakultet for påtegning
før oversending til:
Forskningsadministrativ avdeling, v/ Kristin
Hansen. Prof. Keysergate 8, 5007 Bergen

STAFF EXCHANGE PROGRAMME 2013/2014

This is an application for participation in
the programme with:

UNIVERSITY OF WASHINGTON

MEMORIAL UNIVERSITY

Semester preference:

2013: Winter Spring Fall

2014: Winter Spring

Other : Specify:

PERSONAL DATA:

Surname:	First name:	Date of birth:
----------	-------------	----------------

Home Address:	Telephone no.:	Gender:
		<input type="checkbox"/> Male <input type="checkbox"/> Female

Department:	Tel/Fax no:	E-mail:
-------------	-------------	---------

Nationality:	Marital Status:
	<input type="checkbox"/> Married <input type="checkbox"/> Single

If you plan to bring your family, please give details:

Name:	Age:	Relations:
Type of housing required:		

ACADEMIC AND PROFESSIONAL BACKGROUND:

Academic record:	Date:	Degree:	Institution:
------------------	-------	---------	--------------

Professional appointments: (start with present position)	Title:	Period held:	Employer:
Please enclose your c.v.			

PREVIOUS SCHOLARSHIPS AWARDED AND RESEARCH EXPERIENCE ABROAD

Dates:	Type of scholarship or experience:	Place and purpose:
--------	---------------------------------------	--------------------

PRESENT OCCUPATION

Give a brief description of your present research

AIM OF VISIT:

Describe in detail your proposed research at the receiving university
(also include names of previous and anticipated personal contacts and department affiliation, if any)

Please enclose a list of your publications and participation in research projects including a letter of invitation and name of the contact person at the UW/MUN

FOR OFFICIAL USE:

Recommendation from the department/office:
Recommendation from the faculty:
Important: the application will not be processed without recommendations

Date and place:

Signature:

