#

**Academic Visitor Application 20**

for a teaching/research stay in the framework of the Inter-University Agreement between

Charles University, Czech Republic and

(Please fill out on your computer)

|  |  |  |
| --- | --- | --- |
| 1. | **Applicant** |  |
|  | Title, name, surname(s):  |  |
|  | Gender: | Male [ ]  Female [ ]  |
|  | Date of birth: |  |
|  | Languages spoken: |  |
|  | Home address:  |  |
|  | Tel.: |  |
|  | Email: |  |
|  |  |  |
|  | Faculty, Institute/Department:  |  |
|  | Address: |  |
|  | Academic degree and position held: |  |
|  | Ph.D. student | YES [ ]  NO [ ]   |
|  |  |  |
| 2. | **Receiving institution** |  |
|  | Faculty, Institute/Department:  |  |
|  | Research partner: |  |
|  | Tel.: |  |
|  | Email: |  |
|  |  |  |
| 3. | **Objectives of the visit** |  |
|  | Theme/Project: |  |
|  |  |  |
|  | Activities to be carried out: |  |
|  |  |  |
|  | Added value of the mobility: |  |
|  |  |  |
| 4. | **Details of the visit** |  |
|  | Length of stay (in days): |  |
|  | Proposed dates of visit: |  |
|  | Accommodation needed: | YES [ ]  NO [ ]   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature of the applicant Date:  |  | Signature of the Head of the Department/Institute Date: |  | Signature of the Vice-Dean for International RelationsDate: |