



Viadrina International Program – for Graduates (VIP) Application form 2019 Research stay at the European University Viadrina (3 months)

Personal det	ails			
Surname:		First name:		
Date and place of birth:		Nationality:		
Contact				
c/o:				
Street:				
ZIP-Code:		City:		
Phone number (privat):		Phone number (office):		
Email:				
Language skills Please state what is the level of the languages you speak (CEFR).				
4.)	Language	Language level		
1.) 2.)				
3.)				

Information on family and children

Do you intend to take your spouse or your partner to Frankfur	: (Oder)?
---	-----------

Yes No





Do you plan on taking your children/foster children/children living in the house-hold to Frankfurt (Oder)? If so, how many children?

(Oder)? If so, how many children?	
Yes,	child(ren) No
	ldren allowances at the family representative of the applicable, please attach a proof of your the household!)
Information on PhD project	
Working title:	
Area of studies:	
Faculty:	Supervisor:
Financing the PhD	
How do you finance your PhD at your	home university?
Scholarship /fellowship:	
Employment at a Chair:	
Research training group:	
Private funds	
Other means:	
Information on planned research stay	at the Viadrina
Total length of stay (tt/mm/jjjj)	Period of funding (tt/mm/jjjj)
Day of arrival:	From:
Day of departure:	To:

<u>Note:</u> The total length of stay may exceed the period of funding in agreement with the host chair. But the max. period of funding within the VIP must not exceed 3 months.





Bank details **IBAN:** BIC: Name of bank: Account holder: Have you applied for additional funding for your stay at the Viadrina? No Do you agree that you subscribe for the VIP mailing list for the purpose of effective networking with other fellows within the VIP? Yes No Please note that in case of non-commencement of the research stay in the context of the Viadrina International Program - for Graduates (VIP) any incurred expenses (e.g. cancellation costs) cannot be covered. In this case, already disbursed allowances have to be repaid to the European University Viadrina. (Place, Date) (Signature)

DAAD

<u>Note:</u> Please print out the application form, sign it and attach the scanned version to your application for a fellowship for a research stay within the *Viadrina*

International Program - for Graduates (VIP).