Viadrina International Program – for Graduates (VIP)
Written assessment form 2019
Research stay at the Viadrina (max. 3 months)

Information on applicant

Name of applicant:

Name of home university:

Period of research stay at Viadrina (dd/mm/yyyy):

Information on assessor

Name of assessor:

Position:

Faculty:

University/institution:

Contact address:

Email:

Telephone number:

Intended research stay of the applicant

- Please give a short <u>assessment of the</u> applicant's <u>dissertation project</u>. (max. 1500 characters)

How do you rate the <u>relevance of both the applicant's research stay and intended activities</u> for his/her PhD studies? (max. 1500 characters)

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What <u>role</u> does the requested funding play <u>for both the applicant's academic and professional career and his/her international networking</u>? (max. 1500 characters)

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Additional information that may be relevant to decide for a fellowship.

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_____   _____
(Place, Date)   (Signature assessor)

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