|  |  |
| --- | --- |
| **Dział Współpracy Międzynarodowej UJ****ul. Czapskich 4, 31-110 Kraków** | Kraków,            |

#  APPLICATION OF ACADEMIC STAFF/PHD STUDENT\* FOR THE EXCHANGE WITHIN UNIVERSITY-LEVEL BILATERAL AGREEMENTS

|  |  |
| --- | --- |
| 1. |       |
|  |  **(name, surname, scientific degree)** |
| 2. | **Position held** (participants of doctoral studies, year of study):        |
| 3. | **JU Unit, Faculty/Institute/Department:**      |
| 4. | **Contact details:** |  |  |  |
|  |  | (landline no.) | (mobile) | (e-mail address) |
| 5. | **Host University:**      |
| 6. | **Name, surname, scientific degree of counterpartner at the Host University:**       |
| 7. | **Proposed date(s) of the visit:**       | **Number of days:**       |
| 8. | **Aim of the visit:**       |
| 9. | **Applicant’s signature:**  |

The number of days of the trip is converted into person-days. The cost of one person-day is currently 200 PLN. The declared funds are intended to cover the costs of stay of foreign guests from the bilateral exchange at the Jagiellonian University. A debit note for the completed trip of the employee/PhD student to the partner university will be sent to the unit declaring funds at the end of December.

**I consent to the above trip and declare to reserve funds in accordance with the number
of requested days.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **(Dean of the Faculty)** | **(Head of the Institute)** |

**WORKING PROGRAMME**

**Host University**............................................................................................................................

|  |
| --- |
| 1. Surname, first name(s):  |
| 2. Date of birth: Passport/ID number: |
| 3. Home University, Faculty/ institute/department: |
| 4. Scientific degree:  position held: |
| 5. E-mail address: Mobile phone:  |
| 6. Knowledge of languages: |
| 7. Aim of the visit: |
| 8. Research topic/plan for the stay at Host University Title: Abstract of about 100 words:   |
| 9. Proposed lectures (optional): |
| 10. Name(s) of partner(s)/advisor(s):  at Host University: e-mail address: |
| 11. Proposed date(s) of the visit: |

 ..................................................

 (signature, date)