|  |  |
| --- | --- |
| **Dział Współpracy Międzynarodowej UJul. Czapskich 4, 31-110 Kraków** | Kraków, dnia ………….……… |

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

|  |  |
| --- | --- |
| **Name and surname (scientific degree)** |  |
| **JU Unit(PhD students, year of studies)** |  |
| **Contact phone number** |  |
| **Email address(in the @uj.edu.pl domain)** |  |
| **Name of the university the applicant is applying to** |  |
| **Name and surname of counter partner at Host University (scientific degree)** |  |
| **Proposed date(s) of the visit** |  |
| **Number of days** |  |
| **Aim of the visit** |  |

Applicant 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. The invoice 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 hereby consent to the above trip and I declare that funds are reserved in accordance with the number of requested days.**

………………………………………………………………………………….. ……………………………………………………………………………

(signature and stamp of the head of the Institute/Chair) (Signature and stamp of the Dean)

**WORKING PROGRAMME**

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

|  |
| --- |
| 1. **Surname, first name(s):**
 |
| 1. **Passport/ID number:**
 |
| 1. **Home University, Faculty/Institute/Department:**
 |
| 1. **Scientific degree:**

**position held:** |
| 1. **Contact details:**

**E-mail address:****Phone:**  |
| 1. **Aim of the visit:**
 |
| 1. **Research topic/plan for the stay at Host University**

**Title:****Abstract of about 100 words:**  |
| 1. **Proposed lectures (optional):**
 |
| 1. **Name(s) of partner(s)/advisor(s) at Host University:**

**e-mail address:** |
| 1. **Proposed date(s) of the visit:**
 |

 **..................................................**

 **(signature, date)**