

**Application Form for Visiting Scholars/Guest Lecturers**

1. **Personal and Contact Information**

|  |  |
| --- | --- |
| Title |  |
| First name |  |
| Family name |  |
| Date of Birth |  |
| Place of Birth |  |
| Address |  |
| Street, Number |  |
| City, State, Postal Code |  |
| Country |  |
| Nationality |  |
|  |  |
| Email |  |
| Phone number |  |
| Mobile number |  |
|  |  |
| Special Needs (Please detail where applicable) |  |
|  |  |
| 1. **Current Position**
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|  |  |
| University  |  |
| Department |  |
| Position/Function |  |
| 1. **Proposed Contribution to the SMARTNET programme**
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| Proposed Host University *Please indicate which academic partner university you would like to work with* |  |
| Contact at host university *Please make contact with your intended collaborator/s at the host university* | Name of contact:Email: |
| Preferred duration of the scholarship*Minimum duration of a scholarship is one week, maximum normally 2 weeks* |  |
| Preferred arrival date |  |
| Preferred departure date |  |
| Proposed activity at host university. *Please describe in detail your proposed activities over the duration of the visit and explain how your academic and practical experience may enhance the quality and attractiveness of the course.* (max 1000 words) |  |

Date, Signature................................................................................

Supporting documents to be added to this form

1. Curriculum Vitae
2. Selected publications
3. Scanned Copy of your Passport