

**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** | |
|  |  |
| University |  | |
| Department |  | |
| Position/Function |  | |
| 1. **Proposed Contribution to the SMARTNET programme** | |
| 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