

AFP MOBILITY FUND

FACULTY MOBILITY APPLICATION FORM

This Application Form is distributed *FREE OF CHARGE* by the Academic Fellowship Program Budapest, Hungary, and **National Soros Foundations**. It may be duplicated.

1. PERSONAL INFORMATION

Family name: _____

First name: _____

Date of birth (day/month/year): _____

Place of birth (city, country): _____

Citizenship: _____

Country of residence: _____

Work address: _____

Home address: _____

(Please indicate with * where correspondence should be sent.)

Work tel: + _____ Home tel: + _____
(Please include country and area code)

Fax: + _____ E-mail: _____

2. HOME INSTITUTION

Name of home institution: _____

Department/Faculty at home institution: _____

Address of home institution: _____

Main tel: + _____ Main fax: + _____

Dept tel/extension: _____ Dept. fax: + _____

E-mail: _____

Specific areas of teaching and research: _____

Current teaching responsibilities: _____

Languages:

Please list your language abilities and show proof of a compatible language with the host institution. Attach results of any pertinent language certificates or tests you have taken, e.g. TOEFL, IELTS etc. _____

Please list any grants or other awards or forms of support you have received:

3. HOST INSTITUTION

Name of host institution: _____

Department/Faculty you will visit: _____

Address of department/faculty: _____

Tel: + _____ Fax: + _____

Email: _____

Name and position of contact at host institution: _____

ATTACHMENTS

In addition to this application form and budget, please e-mail the following to your AFP Regional Office:

1. Curriculum Vitae (in case of non AFP faculty members)
2. Recommendation letter of the International Scholar of the Home Department
3. Letter of Support from your home institution
4. Letter of Invitation from the host institution
5. Detailed agenda of your stay at host institution
6. Outline of the lecture to be given by applicant as guest presentation at the host department (if applicable)
7. Outline of the new curriculum or the outline of the new syllabus (to be elaborated), existing curriculum or syllabus of existing course (to be revised); or outline of proposed collaborative research project/ paper.
8. Budget form

I hereby certify that all statements and representations are true and accurate to the best of my knowledge.

Signature of applicant: _____

Date: _____