**DiSSGeA Visiting Scholar Programme**

**ACADEMIC VISITING STATUS**

***APPLICATION FORM***

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| **SECTION A – INFORMATION OF THE APPLICANT** |

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| **Surname and name:** |  |
| **Title:** |  |
| **Home Institution:** |  |
| **Current position:** |  |

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| --- | --- |
| **Date of birth:** |  |
| **Place of birth:** |  |
| **Nationality:** |  |

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| --- | --- |
| **Address:** |  |
| **E-mail contact:** |  |
| **Phone contact:** |  |

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| **VISA / Work Permit:**  *Please indicate any VISA or work permit requirements.* |

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| **Financial Arrangements:**  *Please give details of the appropriate financial arrangements through which you will support your stay:* |

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| **Motivation Letter:**  *Please state your reason for visiting the University of Padova above other Universities:* |

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| **SECTION B – PROPOSED ACTIVITIES** |

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| **Proposed arrival date:** |  |
| **Proposed departure date:** |  |
| **Reference person at Dept. DiSSGeA** *(if applicable):* |  |
| **Statement of Research Proposal:**  *Please describe the research proposal you are planning to undertake at the University of Padova.*  *[max 1 page]* | |

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| **SECTION C – REFERENCES** |

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| **REFERENCE nr. 1** | |
| **Surname and name:** |  |
| **Title:** |  |
| **Institution:** |  |
| **Current position:** |  |
| **E-mail contact:** |  |
| **Phone contact:** |  |
| **Relationship with you:** |  |

|  |  |
| --- | --- |
| **REFERENCE nr. 2** | |
| **Surname and name:** |  |
| **Title:** |  |
| **Institution:** |  |
| **Current position:** |  |
| **E-mail contact:** |  |
| **Phone contact:** |  |
| **Relationship with you:** |  |

**Attachments:**

☐ Curriculum Vitae;

☐ Copy of ID/Passport (required only if you need to apply for a visa)

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| I hereby confirm that I would like to be considered for the Visiting Status at the Department DiSSGeA. | |
| *Place and Date*: | *Signature*: |