

UW/MU – komitéen ved Universitetet i Bergen.  
Returneres i to eksemplarer med nødvendige  
vedlegg til søkerens fakultet for påtegning  
før oversending til:  
Forskningsadministrativ avdeling,  
v/ Kristin Hansen

## STAFF EXCHANGE PROGRAMME 2014/2015

This is an application for participation in  
the programme with:

UNIVERSITY OF WASHINGTON

MEMORIAL UNIVERSITY OF  
NEWFOUNDLAND

Semester preference:

2014:  Winter  Spring  Fall

2015:  Winter  Spring

Other : Specify:

### PERSONAL DATA:

Surname:	First name:	Date of birth:
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Home Address:	Telephone no.:	Gender:
		<input type="checkbox"/> Male <input type="checkbox"/> Female

Department:	Tel/Fax no:	E-mail:
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Nationality:	Marital Status:
	<input type="checkbox"/> Married <input type="checkbox"/> Single

If you plan to bring your family, please give details:

Name:	Age:	Relations:
Type of housing required:		

### ACADEMIC AND PROFESSIONAL BACKGROUND:

Academic record:	Date:	Degree:	Institution:
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Professional appointments: (start with present position)	Title:	Period held:	Employer:
Please enclose your c.v.			

**PREVIOUS SCHOLARSHIPS AWARDED AND RESEARCH EXPERIENCE ABROAD**

Dates:	Type of scholarship or experience:	Place and purpose:
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**PRESENT OCCUPATION**

Give a brief description of your present research

**AIM OF VISIT:**

Describe in detail your proposed research at the receiving university  
(also include names of previous and anticipated personal contacts and department affiliation, if any)

**Please enclose a list of your publications and participation in research projects including a letter of invitation and name of the contact person at the UW/MU**

**FOR OFFICIAL USE:**

Recommendation from the department/office:
Recommendation from the faculty:
<b>Important: the application will not be processed without recommendations</b>

Date and place:

Signature: