**INTERNATIONAL AGREEMENTS PERMANENT MOBILTY CALL**

**APPLICATION FORM**

 **FOREIGN INSTITUTIONS FACULTY MEMBERS**

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| **APPLICANT INFORMATION** |
| Surname: |  |
| Name: |  |
| Professional Category: |  |
| NIF/Passport: |  |
| **HOME INSTITUTION’s INFORMATION**  |
| Home Institution (Full Name): |
| Faculty/Department Division |  |
| E-Mail Address: |  |
| Telephone: |  |
| **DETAILED DESCRIPTION VISIT/ACTIVITY** |
| Main Purpose: |  |
| Academic/Scientific Interest for Department/Research Group/Knowledge Area at UAM: |  |
| Previous cooperation/projects/results summary, if any: |  |
| **UAM’S HOST CENTER/DEPATMENT INFORMATION**  |
| UAM’S CONTACT DETAILS  |
| Host Faculty ‘s Name: |  |
| Position: |  |
| Faculty/Department Division: |  |
| Telephone: |  |
| E-Mail Address: |  |
| Expenses for which funding is requested: | Stay [ ]  |
| Has the international agreement for this application a designated coordinator? |
| NO [ ]  YES [ ]  If so, please indicate name:  |
| Have you previously used mobility financing through this international program? |
| NO [ ]  YES [ ]  If so, please, indicate the year:  |
| Has this activity other funding sources? |
| NO [ ]  YES [ ]  If so, please, indicate source (program/organization):  |
| Dates of the trip/visit |  |

I guarantee that all data contained in this application is true.

Date [day] of [month]  of [year]

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| Host faculty at UAM | Head of UAM Hosting Department Approval /Head of the administrative department hosting  |
| Signature.:       | Signature.:      |

THE FOLLOWING DOCUMENTS MUST BE ATTACHED ALONG WITH THIS APPLICATION:

1.- Formal authorization from the Home Institution (original letter or e-mail)

2.- Report of the activities to be performed.

3.-Timetable/Agenda

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| REPORT FROM THE COORDINATOR OF THE AGREEMENT (if designated |
| [ ]  Favourable[ ]  UnfavourableComments:      Signature:       |