**INTERNATIONAL AGREEMENTS PERMANENT MOBILTY CALL**

**APPLICATION FORM**

**FOREIGN INSTITUTIONS FACULTY MEMBERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **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]

|  |  |
| --- | --- |
| 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

|  |
| --- |
| REPORT FROM THE COORDINATOR OF THE AGREEMENT (if designated |
| Favourable  Unfavourable  Comments:    Signature: |