

UNIVERSITY OF BERGEN Faculty of Medicine

## Application for financial support for research stay abroad – PhD Candidates and Postdoctoral Fellows

Applications must be submitted to the department. The Faculty's deadline is 01.03. og 01.10.

First name:		Last name:			
Employee numberr:		Department:			
Position:			1		
Period for your research	stay From		to		
	date:		date::		
Brief summary of planne	d research during	your stay abroad:			
Have you applied to main	tain membership i	n the Norwegian N	National	Yes:	No:
Insurance Scheme:		-			
I am traveling alone	I am traveling alone rate: NOK 20.000/		.000/month		
I am traveling with	I am traveling with my family rate: NOK 36.00		.000		
			(for stays over 6 months.)		
Travel expences (most economical mode of transport)			enclose budget/overview		

## Attachments:

Letter of invitation

Project description for your research stay (max. 1-3 pages)

overview/budget over travel expences (most economical mode of transport)

Place and date	signature applicant	

Place and date

signature supervisor



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## To be filled in by the department

Application is recommended					
Application is NOT recommended					
Justification, if the application is not recommended:					
total number of applicants at					
the department:					
This is set to priority number:					

Place and date	signature Head of Department	

signature Head of Department

when all applications have been received and evaluated by the department management, these are sent together, with attachments, to: Dokumentsenteret, Postboks 704, 5020 Bergen, by 01.03. / 01.10.