

APPLICATION FORM

Nicholas Gourtsoyiannis Teaching Fellowship

Please submit this form to: esor@myesr.org

1) PERSONAL DATA

Prof./Dr./Mr./Mrs./Ms. (please indicate) ESR ID:.....
 First name: Family name:
 Institution:
 City: Zip Code: Country:
 Phone: Email:

2) INFORMATION ABOUT 1ST VISIT

2a) Please list the institution, which agreed to host you for this project:

Institution	Head of Department	City	Country

2b) Title of lecture/workshop 1

.....

2c) Title of lecture/workshop 2

.....

2d) Proposed start date Proposed end date

(Each visit should ideally last 1 week)

3) INFORMATION ABOUT 2ND VISIT

3a) Please list the institution, which agreed to host you for this project:

Institution	Head of Department	City	Country

3b) Title of lecture/workshop 3

.....

3c) Title of lecture/workshop 4

.....

3d) Proposed start date Proposed end date

(Each visit should ideally last 1 week)

By submitting this application, I declare that the information supplied by me in this application and supporting documentation is complete, true and correct. I have carefully read the instructions and agree that my personal data may be processed and stored for the purpose of application and evaluation.

Date:

Signature:

APPLICATION CHECK LIST

Nicholas Gourtsoyiannis Teaching Fellowship

Tick the boxes when you have completed the following steps:

- Signed application form
- Confirmation letters from chosen training centres
- ESOR Curriculum Vitae
- Motivation letter
- 2 letters of recommendation

Date:

Signature: