



# UNIVERSITY OF BERGEN

*Faculty of Medicine*

## Application for financial support for stay abroad - PhD Research Fellows

Application must be submitted to the department before 01.02./ 01.09., the year before the stay abroad

First name:		Last name:				
Employee number:		Department:				
Position:						
<b>Have you been granted research sabbatical</b>	<b>YES:</b>		<b>NO:</b>			
<b>Period for stay abroad</b>	<b>From:</b>		<b>To:</b>			
<b>Name and address of institution:</b>						
<b>Brief summary of planned research during the stay abroad:</b>						
Have you applied to maintain membership in the Norwegian National Insurance Scheme			<b>YES:</b>		<b>NO:</b>	
Applying for the following amount:						

### Attachments:

Invitation

PhD project description

Project description for the stay abroad (1- 3 pages)

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Place and date

Signature applicant

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Place and date

Signature supervisor



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**Fylles ut av institutt**

<input type="checkbox"/>	Søknaden anbefales
<input type="checkbox"/>	Søknaden anbefales ikke

Begrunnelse:

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Antall søkere totalt på institutt:	
Denne settes til prioritering:	

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Sted og dato

Signatur instituttleder

Når alle søknader er mottatt og vurdert av instituttledelsen sendes det til: Dokumentsenter, Postboks 7804, 5020 BERGEN **før 01.03./ 01.10.**