**Application for Research Exchange Stays[[1]](#footnote-1)**

|  |
| --- |
| Name of applicant  Click here to enter text. |
| Address of Home University/Organization/Institute/Department  Click here to enter text. |
| Telephone  Click here to enter text. |
| Email address  Click here to enter text. |
| Host institution  University of **Bergen, Granada, Graz, Leipzig, Lyon[[2]](#footnote-2), Padova** or **Vilnius**  Click here to enter text. |
| Contact Details Host  Name Click here to enter text.  Department Click here to enter text. |
| Description of planned research activity (max. 250 words)  Click here to enter text. |
| Planned dates of stay  From: Click here to enter text.  To: Click here to enter text. |

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Date and signature of applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and signature of authorised signatory

1. Please mail a scan of your application to [doctoral-academy@uni-graz.at](mailto:doctoral-academy@uni-graz.at). [↑](#footnote-ref-1)
2. Université Claude Bernard Lyon 1, Université Jean Moulin Lyon 3, Université Jean Monnet at Saint-Etienne and Ecole Normale Supérieure de Lyon (ENS) [↑](#footnote-ref-2)