 **Visiting- Scientist- Program**

**-VISIT HIM-**

**Nomination Form**

Please hand in this form at least three months before the planned stay of your guest.

Name of submitter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HIM-Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data of the guest nominated:

|  |  |
| --- | --- |
| Title: |  |
| Name: |  |
| Date & Place of birth: |  |
| Citizenship: |  |
| Address: |  |
|  |  |
| Institution: |  |
| Position: |  |
|  |  |
| CV attached |  |
| List of Publications attached |  |
| Description of the common research project attached (max. 1 page) |  |

Duration of the stay: \_\_\_\_ months (1- 12 months possible)

Planned beginning of the stay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office in the guest wing of the HIM-building needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement of Intent:  
Please describe the benefit of the guest’s stay for your research and for HIM

Place, Date Signature of submitter

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

Place, Date Signature of section leader

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

Title of the visitors’ research project:

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

Description of the research project:

Please return to HIM-Administration.

For questions please contact: Nicole Hocke, Phone: +49 (0)6131 3929602,

E-Mail: him@uni-mainz.de