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