**APPLICATION FORM FOR VISITING RESEARCHERS**

**I hereby apply for a research visit at Faculty of Social Sciences, Charles University**

**in the academic year 20....../20…...**

1. **Intended Period of Study**
2. **Personal and Academic Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First name: | | | |
| Middle name: | | | |
| Surname (Family Name): | | | |
| Sex: | Date of birth (*DD/ MM / YYYY)* | | |
| Place of Birth: | | | |
| Passport number: | | | Citizenship: |
| **Telephone:** | | | |
| **E-mail:** | | | |
| **Permanent address:** | | | |
| Name of the Residence: | | Street / House No.: | |
| City: | | Post code (zip code): | |
| Country: | | | |
| **Address for correspondence (if different from above):** | | | |
| Institution / addressee: | | | |
| Street / House No.: | | | |
| City: | | Post code (zip code): | |
| Country: | | | |

1. **Academic background and objectives**

|  |
| --- |
| **Home university + academic position at home university:** |
| **Field of research:** |
| **Research project title:** |
| **Preferred Institute at the Faculty of Social Sciences, Charles University:** |
| **Preferred supervisor:** |
| **Tentative choice of courses [[1]](#footnote-1),[[2]](#footnote-2)** |

1. **Financial Information**

**The tuition fee relating to my research will be paid:**

* by myself
* by the following organisation (full name, address + coordinator contact)

1. **Emergency Contact Person**

|  |  |
| --- | --- |
| First name: | Surname (Family Name): |
| E-mail address: | | |
| Telephone (incl. International Dialling Code): | | |

**Data protection statement**

All the information collected in this form is necessary to administer your mobility. The International Office of the Faculty of Social Sciences, Charles University, will use the information provided by you on this form for administrative purposes only. We will treat all personal information with the utmost confidentiality and in line with current data protection legislation.

**Declaration**

I understand that my research stay is subject to the payment of school fees according to the current price list and the Contract. I confirm that the information, which I have given in this application, is complete and true.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annexes**

*Please enclose the following supplementary documents:*

|  |  |
| --- | --- |
| CV |  |
| Copy of any relevant diplomas or latest Transcript of Records |  |
| Proof of English proficiency |  |
| Project description / Motivation letter |  |
| Plan of Research Stay |  |
| Letter of recommendation (optional) |  |
|  |  |
| **SEND YOUR APPLICATION TO:**  [**mobility@fsv.cuni.cz**](mailto:mobility@fsv.cuni.cz)**, or**  **International Office**  **Charles University, Faculty of Social Sciences**  **Smetanovo nabrezi 6**  **110 01 Praha 1, Czech Republic** |

1. Please see the link: <https://is.cuni.cz/studium/eng/predmety/>. Beware that the offer of courses may change at the beginning and/or throughout the academic year due to limited capacity or unexpected events. In addition, always check the course description for any language or other entry requirements. [↑](#footnote-ref-1)
2. Please, beware that the school fee is higher in case you attend courses. See the current price list. [↑](#footnote-ref-2)