

**Application Form for CIL Visiting Fellowship Program**

Please fill in the application and e-mail it to interaction.lab@cut.ac.cy

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| 1. Dates
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| Dates available for Visiting Fellowship program (please specify exact dates):Starting date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ending date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Personal/ Contact details
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| Title (Mr, Ms) |
| Name/Surname |
| Gender | Date of birth |
| Nationality |
| Permanent address |
| City | Post code |
| Telephone | Fax |
| Email address |
| 1. Education
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| Higher education (University/ College, Course title/ subject, from dd/mm/yy to dd/mm/yy) |
| Other educational achievements (prizes or awards) |
| 1. Write a short proposal about your project and how the CIL Lab can be of help. Briefly discuss the research or rationale behind your project. We recommend that you describe the specific equipment you might need to use. Please also include a detailed timetable of your project and whether or not you expect to complete it during your fellowship (400-500 words long).
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| 1. References (Please supply the names and contact details of two referees - we will only contact the referees if needed)
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| Name/Surname:Job position:Email address:Telephone: |
| Name/Surname:Job position:Email address:Telephone: |

ADDITIONAL MATERIAL:

Along with this application please send a detailed CV.