University of Rostock

HERMES Programme

Funding Application

Hermes project number:

Applicant:

Name:				
Faculty/Institute:				
Date of doctorate:				
Tel.:				
Fax:				
email:				
Research fellow in research training group: From: to:	Research fellow at the INF: From: to:	Scholarship holder in the State Graduate Scholarship Programme: From: to:	Member of academic staff: From: to:	

Topic:

Period of research abroad:

Institution: Country:

Academic host:

Project period:

Requested funds:

Date application was submitted:

_____

Signature of the applicant

Appendices:
Project outline
Proposed budget
Invitation later from the host institution