**Mobility Programme - Application Form**

**Graduate and Professional Training Center Ulm (ProTrainU)**

*Please submit this form to ProTrainU office* ***no later than four weeks prior to start of journey****.*

|  |  |
| --- | --- |
| Last name: | First name: |

|  |
| --- |
| Email: |

|  |
| --- |
| Institute/Department: |
| Faculty: |

|  |
| --- |
| Name of 1st supervisor: |

I apply for the following Mobility Programme [ ]  **Germany** [ ]  **Europe** [ ]  **Overseas**

|  |  |  |
| --- | --- | --- |
| I am a  | [ ]  doctoral candidateI am studying for a doctorate at UUlm according to doctoral regulations Dr. \_\_\_\_\_\_\_\_\_\_\_\_. | [ ]  postdoc |
| I have completed my doctorate. | [ ]  No. | [ ]  Yes, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(date of oral examination)* |

Employment contract with Ulm University:

[ ]  Yes; presumably until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  No *(scholarship/Medical Center employee/external)*

*(end of current contract)*

**1. Information on Event**

|  |
| --- |
| Type of event: |

|  |
| --- |
| Duration (start – end of event): |

|  |
| --- |
| Venue: |

Main objective and outcome *(Please describe purpose of visit, results expected and how your travel will contribute to your research):*

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

Active participation with:

[ ]  poster [ ]  oral presentation

|  |
| --- |
| [ ]  other *(please specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please enclose **proof of your active participation** (e.g. **submitted abstract plus confirmation of acceptance** or **invitation from your host institution** stating the period and purpose of visit, and description of active participation).

**2. Estimated Budget** *(without daily allowance\*)*

*\** *UUlm employees are granted a daily allowance to cover additional expenses for meals; this is calculated as part of the travel expense report.*

|  |  |  |
| --- | --- | --- |
| Start of journey on *(date)*: | End of journey on *(date)*: |  |
| Transportation |  | **€** |
| Accommodation total (…..nights at € ………each)  |  | **€** |
| Registration fees |  | **€** |
| Other expenses *(please specify)*:  |  | **€** |
| **Expected total cost of the journey:***(without daily allowance)* |  | **€** |

I hereby certify that all statements and representations are true and accurate to the best of my knowledge.

|  |  |
| --- | --- |
| Date: | Signature of applicant: |

ProTrainU office emails applicants on the outcome of their application.

|  |
| --- |
| **FOR OFFICE USE ONLY** |

**Formal acceptance by ProTrainU Office:**

⬜ ProTrainU Office accepts the application.

⬜ ProTrainU Office **rejects** the application.

|  |  |
| --- | --- |
| Date: | Signature: |

**Funding Decision by ProTrainU Management:**

⬜ ProTrainU Management accepts the application.

⬜ ProTrainU Management **rejects** the application.

|  |  |
| --- | --- |
| Date: | Signature: |