

UniGR-CBS Fellow

APPLICATION FORM

I hereby apply for the UniGR-CBS Fellowship for a two-month research stay at the UniGR-CBS.

FELLOWSHIP DETAILS

- Duration: one 2-month period
- Financial Support: EUR 4000 max. to support my stay in the Greater Region
- Receiving Institutions: Applicants must specify their receiving institution(s), which will be responsible for administering the fellowship and ensuring compliance with their rules and regulations.

The host university/ies of my choice is/are:

- ☐ Rheinland-Pfälzische Technische Universität Kaiserslautern
- ☐ Saarland University
- ☐ University of Liège
- ☐ University of Lorraine
- ☐ University of Luxembourg
- ☐ University of Trier

☐ I am aware that the rules and regulations of my host university are applicable during my stay and for all administrative matters including the reimbursement/payment of the financial support. The payment/reimbursement will be issued during or after my stay at my host university.

APPLICATION REQUIREMENTS

To be considered for the fellowship, applicants must submit the following:

Personal and professional information, including:

Contact details

Name(s):	Surname(s):
Date of Birth:	Place of Birth:
Affiliation:	
Corresponding Address (institutional)	
Corresponding Address (private)	
E-Mail Address	

Academic background and qualifications (100 words max.)

Please specify your academic background, degrees, awards, specific qualifications etc.

Research experience and expertise (200 words max)

Please specify your relevant experience and expertise in Border Studies.

PROPOSAL

A brief proposal outlining the purpose and goals of the fellowship stay (500 words max.)

A brief proposal outlining the purpose and goals of the fellowship stay, including:

- *Research objectives and expected outcomes*
- *Plans for engaging with the UniGR-CBS research network*

Contact person at the UniGR-CBS

Please specify the name(s) of your contact persons at the UniGR-CBS; i.e. the names and affiliations of the researcher(s) you want to collaborate with.

- ☐ Letter of support by my contact person at the UniGR-CBS attached.

Planned Time Period at the UniGR-CBS

Please specify the planned time period of your stay at the UniGR-CBS.

DATA PROTECTION AND PUBLICATION

☐ By submitting my application, I acknowledge that the UniGR-CBS will collect and process my personal data in accordance with the General Data Protection Regulation (GDPR). I agree that my data may be shared within the selection committee of the UniGR-CBS for the purpose of evaluating my application.

☐ If selected for the fellowship, I agree that the UniGR-CBS may publish information about me and my stay on its online and offline platforms, including social media, websites, and newsletters.

Date, Place

Signature Applicant