

**Application form**

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| **EPIZONE short term mission application form** | |
| 1. Name |  |
| 1. Contact information | Institute:  Address:  Telephone:  Email: |
| 1. Position, current affiliation, academic degrees |  |
| 1. Home institute |  |
| 1. Host institute |  |
| 1. Name of contact within host institute |  |
| 1. Starting date and ending date of stay |  |
| 1. Purpose of the visit (max 200 words). |  |
| 1. Relevance of the short term mission for EPIZONE (max 200 words) |  |
| 1. Relevance of the short term mission for the career development of the applicant (max 200 words) |  |

Send this form filled out to the EPIZONE administration bureau ([epizone.cvi@wur.nl](mailto:epizone.cvi@wur.nl)) together with:

* Detailed plan of the professional activities during the visit (max 2 pages)
* Detailed budget plan (max half a page)
* Letter of recommendation from the home institute
* Letter of recommendation from the host institute
* Curriculum vitae including a list of relevant scientific papers