

**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) 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