Return to:

UW-UB Faculty Exchange Committee

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THE UNIVERSITY OF BERGEN EXCHANGE PROGRAM APPLICATION FOR VISITING PROFESSORSHIP

APPLICATION FOR		DEADLINE:			
(CIRCLE)>	(Year) Winter Quarter	Spring Quarter	Fall Quarter	Any Quarter	
PERSONAL DATA	SURNAME	FIRST NAMI	Е	DATE OF BIRTH (optional)	
	HOME ADDRESS			PHONE NO.	
	OFFICE ADDRESS	;		PHONE NO.	
	E-MAIL ADDRESS	3			
	NATIONALITY:		IF YOU PLAN TO B GIVE DETAILS:	IF YOU PLAN TO BRING YOUR FAMILY, GIVE DETAILS:	
	SEX:MALE	FEMALE	NAME	AGE	
RELATIONSHIP	MARITAL STATU	S:MARRIEDSINGLE			
	ACADEMIC RECO	DEGREE	INS	TITUTION	
ACADEMIC AND PROFESSIONAL BACKGROUND	PROFESSIONAL A	APPOINTMENTS (beginning with PERIOD HELD		IPLOYER	
	PREVIOUS SCHOI DATES	LARSHIPS AWARDED AND RE		LD ACE AND PURPOSE	
	GIVE A BRIEF DESCRIPTION OF YOUR PRESENT 1) RESEARCH ACTIVITIES AND 2) TEACHING ASSIGNMENTS				

CURRENT ACTIVITIES					
	FOREIGN LANGUAGE COMPETENCY				
	RESEARCH ONLY PLEASE INDICATE AREA OF RESEARCH, HOW YOU WOULD LIKE TO DIVIDE YOUR TIME BETWEEN RESEARCH AND TEACHING OND WHAT SPECIFIC SUBJECTS OR THEMES YOU WOULD LIKE TO TEACH (if applicable): TEACHING ONLY				
AIM OF VISIT TO THE UNIVERSITY OF BERGEN	DESCRIBE IN SOME DETAIL YOUR PROPOSED RESEARCH AND/OR TEACHING AT THE UNIVERSITY OF BERGEN (include also names of previous and anticipated personal contacts and institute affiliation at UB if any):				
	IF NOT SELECTED FOR QUARTER/YEAR INDICATED ABOVE, DO YOU WISH TO BE CONSIDERED FOR OTHER TIMES?				