Return to:

UW-UB/NTNU Faculty Exchange Committee Box 353420 FAX: (206) 685-9173 e-mail: ingie@u.washington.edu

## NTNU TRONDHEIM EXCHANGE PROGRAM APPLICATION FOR VISITING PROFESSORSHIP

APPLICATION FOR(Year)		DEADLINE:			
(CIRCLE)>	Winter Quarter	Spring Quarter	Fall Quarter	Any Quarter	
	SURNAME	FIRST NAMI	3	DATE OF BIRTH (optional)	
PERSONAL	HOME ADDRESS			PHONE NO.	
DATA	OFFICE ADDRESS			PHONE NO.	
	E-MAIL ADDRESS				
	NATIONALITY:	NATIONALITY: IF YOU GIVE		U PLAN TO BRING YOUR FAMILY, DETAILS:	
	SEX:MALE	FEMALE	NAME	AGE	
RELATIONSHIP	MARITAL STATUS	S:MARRIEDSINGLE			
	ACADEMIC RECO DATE	RD DEGREE	IN	STITUTION	
ACADEMIC	PROFESSIONAL A	PPOINTMENTS (beginning with	present position)		
AND PROFESSIONAL BACKGROUND	TITLE	PERIOD HELD	EI	MPLOYER	
	PREVIOUS SCHOLARSHIPS AWARDED AND RESEARCH EXPERIENCES HELD				
	GIVE A BRIEF DES	TYPE OF SCHOLARSHIP OR E		ACE AND PURPOSE  S AND 2) TEACHING	
	1				

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