



UNIVERSITY OF BERGEN
Faculty of Medicine

**Application for financial support for stay abroad
- Permanent Academic staff**

Application must be submitted to the department before 01.09., the year before the stay abroad

First name:		Last name:	
Employee number:		Department:	
Position:			
Have you been granted research sabbatical?	YES:		NO:
Period for stay abroad	From:		To:
Name and address of institution:			
Brief summary of planned research during the stay abroad :			
Have you applied to maintain membership in the Norwegian National Insurance Scheme?	YES:		NO:
	I am travelling alone		
	I am travelling with my family		

Attachments:

Invitation

Project description (1- 3 pages)

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Place and date

Signature applicant



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Fylles ut av institutt

<input type="checkbox"/>	Søknaden anbefales
<input type="checkbox"/>	Søknaden anbefales ikke

Begrunnelse:

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Antall søkere totalt på institutt:	
Denne settes til prioritering:	

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Sted og dato

Signatur instituttleder

Når alle søknader er mottatt og vurdert av instituttledelsen sendes det til: Dokumentsenter, Postboks 7804, 5020 BERGEN **før 01.10.**