



# UNIVERSITY OF BERGEN

## *Faculty of Medicine*

### Application for financial support for research stay abroad

Applications must be submitted to the department. **The Faculty's deadline is 01.03. or 01.10.**

First name:		Last name:	
Employee number:		Department:	
Position:			
Period for your research stay	From date:		until date:
Name and address of visiting research institution:			
Brief summary of planned research during your stay abroad:			
Have you applied to maintain membership in the Norwegian National Insurance Scheme:		Yes:	No:
	Travelling on my own	NOK 20.000/month	
	Travelling with spouse/registered partner, or child under 18	NOK 27.500/month	
	Travelling with spouse/registered partner and child or children under 18	NOK 36.000/month	
	Travelling with spouse/registered partner who keeps their job during stay abroad, and there are no accompanying children	NOK 20.000/month	

#### Attachments:

Letter of invitation

Project description for your research stay (max. 1- 3 pages)

overview/budget over travel expenses (most economical mode of transport)

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Place and date

signature applicant

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Place and date

signature supervisor



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## To be filled in by the department

	Application is recommended
	Application is NOT recommended

Justification, if the application is **not** recommended:

total number of applicants at  
the department:

This is set to priority number:

Place and date

signature Head of Department

when all applications have been received and evaluated by the department management,  
these are sent together, with attachments, to: Dokumentsenteret, postbox 704, 5020 Bergen,  
by 01.03. / 01.10.