



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:

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total number of applicants at the department:	
This is set to priority number:	

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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: **post@med.uib.no**