|  |  |
| --- | --- |
| Department at the University of Kassel that you want to visit (FB05 or FB11) |  |
| Family name |  |
| First name |  |
| Middle initial |  |
| Passport number (or ID number, please indicate) |  |
| Position |  |
| If other than Full Professor, please specify |  |
| Current place of employment |  |
| Address of current place of employment |  |
| Fax number |  |
| Email address |  |
| Homepage |  |
| Citizenship |  |
| Date and place of birth |  |
| Marital status |  |
| Number of children who will accompany you\* |  |
| Name and birth date of spouse (only if he/she will accompany you)\* |  |
| Proposed field of research |  |
| Approximate duration of proposed visit |  |
| Have you been awarded an ICDD Visiting Professorship in the past?If yes, please specify |  |
| Name of visiting professorship |  |
| Duration(s) of visiting professorship(s) |  |

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach the following documents to your application:

1. Curriculum vitae
2. List of publications
3. Proposed research (1-2 pages)
4. Photograph
5. Letter of invitation from your prospective host at the ICDD partner institution (if applicable)

Please submit the completed application by email to:

felmeden@icdd.uni-kassel.de

transfer@icdd.uni-kassel.de