



Academic Visitor Application 20

for a teaching/research stay in the framework of the Inter-University Agreement between
Charles University, Czech Republic and
(Please fill out on your computer)

1. Applicant

Title, name, surname(s):

Gender: Male Female

Date of birth:

Languages spoken:

Home address:

Tel.:

Email:

Faculty, Institute/Department:

Address:

Academic degree and position held:

Ph.D. student YES NO

2. Receiving institution

Faculty, Institute/Department:

Research partner:

Tel.:

Email:

3. Objectives of the visit

Theme/Project:

Activities to be carried out:

Added value of the mobility:

4. Details of the visit

Length of stay (in days):

Proposed dates of visit:

Accommodation needed: YES NO

Signature of the applicant

Signature of the Head of the
Department/Institute

Signature of the Vice-Dean for
International Relations

Date:

Date:

Date: