



Applicant Contact Information:

Last Name, First Name		Title	
Department			
Email Address	Personnel Number	Telephone	Fax

Collaborator and Travel Details:

Department		Institution	
City, Country	Proposed Start Date	Proposed Return Date	
Mode of Transport	Type of Accommodation	Other Comments	

Estimated Travel Costs:

Transport (please specify):	ESTIMATED COST
Main (e.g. flights):	
Other (please specify e.g. transfers):	
Living Expenses:	
Accommodation	
Other (please specify):	
Other Expenses:	
Please Specify	
TOTAL	

Project Title:

Project Description:

Current Status of the Project:

Benefit of the research project to the researcher and the UKE research profile:

Date and Signature of Applicant

Please send completed applications to:
Expertengremium "Internationales" der Medizinischen
Fakultät
Prof. Dr. med. Dipl.-Psych. Bernd Löwe (Vorsitz)

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