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| **APPLICATION FORM FOR SCHOLAR / GUEST LECTURER APPLICANTS****FOR AN ERASMUS MUNDUS TEACHING MOBILITY** |

The STRAINS Consortium asks prospective scholars applicants to send this application form along with:

* a detailed **curriculum vitae**
* a **motivation letter**
* a copy of your **passport** or ID card (for Europeans only)

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| PERSONAL INFORMATION |
| Last name |  |
| First name |  |
| Nationality |  |
| Date of birth |  |
| Home address and country |  |
| Email address |  |
| Phone number |  |
| Present working institution |  |
| Professional address and country |  |

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| MOBILITY PROPOSAL |
| Proposed start and end date  |  |
| Proposed duration of your stay |  |
| How many hours are you planning to teach? |  |
| Domain of expertise |  |
| What would be the content of your contribution? |  |
| To which course of the curriculum or event would you like to contribute? |  |
| Where would you like to go?France / Belgium / Greece / Poland / Italy |  |

To apply, please send this completed form and the supporting documents to: **master-strains@univ-lille.fr**