*Please complete this application form and name it using the following template: Boursestransfrontalieres\_Jun19\_Project acronym. The application and any supporting documents must be submitted via the following email address: international@isite-ulne.fr by June 13, 2019 at 10.00 am, GMT +1.*

**General information about the project**

|  |  |  |
| --- | --- | --- |
| Title of the mobility project | [ ] | |
| Acronym | [ ] | |
| Principal applicant | [Last name] | [First Name] |
| Position | Teacher/Researcher  Teacher  Admin personnel  Researcher | |
| Administrative status | Permanent  Contract employee: end month and year of contract: [Date]  Corps: [\_\_\_\_\_\_\_]  Job title: [\_\_\_\_\_\_\_\_\_\_\_] | |
| Contact information | [Phone] | [Email] |
| *Faculty, school, UFR* (Academic projects) or Laboratory (research projects) or *Direction* and *service (Administrative staff)* | [ ] | |
| Employer (*University/ Grande Ecole/ Research Organism*) | [ ] | |

**Partner information**

|  |  |  |
| --- | --- | --- |
| Partner institution #1 | [ ] | |
| Contact person at the partner institution | [Last Name] | [First Name] |
| Position | [ ] | |
| Faculty, school, department  *or*  Laboratory, research unit, institute  *or*  Service | [ ] | |
| Contact information | [Phone] | [Email] |
|  |  | |
| Partner institution #2  *(if applicable)* | [ ] | |
| Contact person at the partner institution | [Last Name] | [First Name] |
| Position | [ ] | |
| Faculty, school, department  *or*  Laboratory, research unit, institute  *or*  Service | [ ] | |
| Contact information | [Phone] | [Email] |

**Project description**

|  |  |  |
| --- | --- | --- |
| Summary of the project  *What is the purpose of the project of mobility?*  *How will the project strengthen cooperation with the partner institution?*  *Is there any previous cooperation with this/these partner(s)?*  *What are the expected results? Are future actions planned for after the mobility?* | [*2000 characters (including spaces)*] | |
| Type of mobility  *(one choice only)* | Research  Academic programmes  Develop a European project  Organization of an event  Exchange of good practices | |
| Date(s) of the mobility | [ ] | |
| Will students or other colleagues be participating in this mobility project? | Yes  No | |
| If yes, list the following information for each: Last name, first name, phone, email, position and home institution/university | [ ] | |
| Head of the relevant school, UFR, faculty, laboratory or administrative service for the principal applicant | [Last Name, first name] | [School/UFR/Faculty/Laboratory /Service] |
| [Date] | [Signature and Stamp] |

**Requested budget**

For each person participating in the mobility, please copy/paste the following table:

|  |  |  |
| --- | --- | --- |
| Name and last name |  | |
| Destination | From: | To: |
| Dates of mobility |  | |
|  | | |
| Housing costs | € | |
| Meal costs | € | |
| Transportation | € | |
| Total amount | € | |
|  | | |
| Comments |  | |

|  |  |
| --- | --- |
| Ancillary costs[[1]](#footnote-1) | |
| *Please specify your request* |  |

*A maximum of € 3,000 per project may be requested.*

|  |  |
| --- | --- |
| **General** **budget** | |
| Housing costs | € |
| Meal costs | € |
| Transportation | € |
| Ancillary costs | € |
| Total amount | € |
| External funding | € |
| Total budget requested | € |

## Timeline

Deadline: 2019/06/13 (10.00 am, GMT +1)

Announcement of results: End of June

1. The funding may not be used for purchases of equipment or consumables, publications, cost for external consultancy and/or translation and interpretation cost. The grants do not cover travel insurance. [↑](#footnote-ref-1)