



**Deutscher Akademischer Austausch Dienst
German Academic Exchange Service**

:: NEW YORK ::

Regional Office US & Canada :: 871 United Nations Plaza :: New York, NY 10017
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Application for Re-Invitation Program

Last name First name Middle initial

University affiliation

Field of study/specialization

University department

Academic status

Date of birth Citizenship

If not a U.S./Canadian citizen, are you a permanent resident?

No Yes Since when?

Single Married Male Female

CURRENT MAILING ADDRESS Until what date?

.....

Daytime telephone: Fax number: E-Mail:
area code

PERMANENT MAILING ADDRESS

..... Telephone:
area code

COMMAND OF LANGUAGES

GERMAN good fair poor none OTHER LANGUAGES.....

PREVIOUS VISITS TO THE FEDERAL REPUBLIC OF GERMANY

Year	Place	Institution visited	Sponsor
.....
.....
.....

OTHER VISITS ABROAD

Year	Country	Institution visited	Sponsor
.....
.....
.....

EDUCATION

Dates	Institution	Field
.....
.....
.....

Degrees received

Date	Type of degree	Degree-granting institution	Field
.....
.....
.....

ACADEMIC HONORS RECEIVED

.....
.....

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

.....

PROFESSIONAL EXPERIENCE

Dates	Institution	Position	Field
.....
.....
.....
.....
.....

HAVE YOU RECEIVED A DAAD SCHOLARSHIP OR GRANT IN THE PAST?

Name of grant	Dates
.....
.....

WHAT OTHER SCHOLARSHIPS OR GRANTS HAVE YOU RECEIVED IN THE PAST?

Name of grant	Dates
.....
.....
.....

WHAT OTHER SCHOLARSHIPS OR GRANTS ARE YOU CURRENTLY APPLYING FOR?

NOTE: Should you receive any of these grants, please inform DAAD as soon as possible.

Name of grant	For which country	Period
.....
.....

DESCRIBE THE RESEARCH PROJECT YOU WISH TO CARRY OUT IN THE FEDERAL REPUBLIC OF GERMANY

Title of Project:

Brief description:

.....
.....
.....

PLANNED DATES OF VISIT: from (m/d/y)..... to (m/d/y).....

WHICH GERMAN INSTITUTION(S) DO YOU WISH TO VISIT?

.....
.....

ARE YOU APPLYING FOR THE TRAVEL SUBSIDY?

You will have to do research in three different locations in Germany.

Yes.....

No.....

WHY HAVE YOU CHOSEN THIS/THESE PARTICULAR INSTITUTION(S)?

.....
.....

LIST THE NAMES AND POSITIONS OF COLLEAGUES AT THIS/THESE INSTITUTION(S) WITH WHOM YOU HAVE CORRESPONDED ABOUT THE RESEARCH PROJECT

.....
.....
.....
.....
.....

NAME, ADDRESS AND TELEPHONE NUMBER OF PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY

.....

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FURTHER, I AGREE TO INFORM THE DAAD OF ANY CHANGES.

.....

Signature

Place

Date

PLEASE NOTE: THIS APPLICATION MUST BE TYPEWRITTEN AND SUBMITTED IN TRIPLICATE