York-Maastricht Partnership

Travel Fund

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| **APPLICATION FORM**  ***Please complete this form and send it to*** [***Nicole Kusters***](mailto:nicole.kusters@maastrichtuniversity.nl) |
| **Proposed visit**: |
| **Estimated date(s) of the visit**: |

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| **APPLICANT MAASTRICHT UNIVERSITY** | | | |
| **Title**: | **Name**: | | |
| **Department**/**School**: | | | **Email Address**: |
| **Job Title**: | | | **Phone Number**: |
| **CO-APPLICANT UNIVERSITY OF YORK** | | | |
| **Title**: | **Name**: | | |
| **Department**/**School**: | | **Email Address**: | |
| **Job Title**: | | **Phone Number**: | |

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| **PLEASE PROVIDE A BRIEF MOTIVATION FOR THE VISIT** |
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| **FUNDING REQUESTED** |
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| **STATEMENT FROM THE APPLICANT** | |
| I wish to apply for the York-Maastricht Travel Fund.  If successful, I agree to complete a **short** **report** on the visit, and send it within **one month** after the end of the visit to [Nicole Kusters](mailto:nicole.kusters@maastrichtuniversity.nl).  I agree that Maastricht University and the University of York may hold and process personal information in connection with this application and may use information relating to this proposed activity for any publicity purposes that they deem appropriate. | |
| **Signature:** | **Date:** |