

Nomination Form

Please hand in this form at least three months before the planned stay of your guest.

Name of submitter: _____

Contact: _____

HIM-Section: _____

Data of the guest nominated:

Title:	
Name:	
Date & Place of birth:	
Citizenship:	
Address:	
Institution:	
Position:	
CV attached	<input type="checkbox"/>
List of Publications attached	<input type="checkbox"/>
Description of the common research project attached (max. 1 page)	<input type="checkbox"/>

Duration of the stay: ____ months (1- 12 months possible)

Planned beginning of the stay: _____

Office in the guest wing of the HIM-building needed: _____

Statement of Intent:

Please describe the benefit of the guest's stay for your research and for HIM

Place, Date

Signature of submitter

Place, Date

Signature of section leader

Title of the visitors' research project:

Description of the research project:

Please return to HIM-Administration.
For questions please contact: Nicole Hocke, Phone: +49 (0)6131 3929602,
E-Mail: him@uni-mainz.de