

## 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

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Place, Date

Signature of section leader

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Title of the visitors' research project:

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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](mailto:him@uni-mainz.de)