

Application for travel cost funding

Applicant

| | | |
|--|--------------------|----------|
| Academic title: | First name: | Surname: |
| Faculty: | Chair: | |
| Street, Number: | Postal Code, City: | |
| Email address: | Telephone number: | |
| <p>At what stage of your education are you?</p> <p><input type="checkbox"/> Post Doc</p> <p><input type="checkbox"/> Doctorate</p> <p><input type="checkbox"/> Master student</p> <p><input type="checkbox"/> Other: _____</p> | | |

Nature of your current financing

- | | |
|---|---|
| <input type="checkbox"/> Full-time position | <input type="checkbox"/> Part-time position: |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Permanently employed | <input type="checkbox"/> Temporary employment until _____ |

Application

Amount of the costs

| Type of cost | Description | Amount |
|---------------|----------------|--------|
| Accommodation | | |
| Transport | | |
| Total | (max. € 1.500) | |

- ☐ Preliminary receipts for all costs are included in the application

Further information

Has a request for funding been made elsewhere? (Please also indicate exhausted funds and rejected applications):

| |
|--|
| |
|--|

Declaration by the applicant

I confirm the accuracy of my statements and agree to disclose any change regarding the information in this application immediately.

Place, date

Signature of applicant

Please submit this signed application by mail as a PDF document, including all associated documents to:
BaySISS@uni-bayreuth.de