

Research Fellowship Application Form



Please submit your application to the FEMS Delegate of your FEMS Society!
 (Deadlines for receipt at FEMS Central Office: December 1 and June 15)

Surname:		
First name(s):		
Working Address and Position:		
Postal code, City, Country:		
Telephone / Fax:		
Email:		
Title of Research Project:		
Host Laboratory: (to be visited)		
Name of Hosting Supervisor:		
Address of Supervisor:		
Postal code, City, Country:		
Reason for selecting Host Laboratory:		
Applicant's highest Educational Level:		
Date of Birth:		
Research Period Dates: (dd/mm/yy)	From:	To:
Travel Costs at Economy Fares:	€	
Total Living Costs at Host Laboratory for entire Research Period	€	
Your income per month (salary, etc) during Fellowship Period from Sources other than FEMS:	€	(monthly)
Date and Signature of Applicant:		
FEMS Society of which applicant is a member from:		
Name, Date and Signature of FEMS Delegate:		

FEMS Central Office
 Keverling Buismanweg 4
 2628 CL Delft
 The Netherlands
 T: +31-15-269 3920
 F: +31-15-269 3921
 E: fems@fems-microbiology.org
 I: www.fems-microbiology.org



Registered Charity,
 (No. 1072117)
 Company Limited by Guarantee
 (No. 3565643)
 Registered in England

Please attach the following additional documents: Curriculum Vitae, Letter of Reference, Letter of Acceptance, Research Project Proposal, and Photograph.