



Ontwikkelingssamenwerking

Artsen & Apothekers Alumni Leuven

APPLICATION FOR A GRANT

How to send this form?

- Use the 'submit' button at the end of this document.
- Print it out and send it to *Artsen & Apothekers Alumni Leuven, Campus Gasthuisberg, O&N 2, bus 400, Herestraat 49, B-3000 Leuven (Belgium)*.
- Save the document on your computer and send it as an attachment by email to info@vesaliusonline.be.

Last name

Place of birth

Post-name

Date of birth

First name

Nationality

Gender

Civil status

Number of children

Domicile address

Correspondence address
regarding this request

GSM

E-mail

Qualifications (title,
final year university)

Language 1

	excellent	very well	well	low	very weak
oral					
written					

Language 2

	excellent	very well	well	low	very weak
oral					
written					

Language 3

	excellent	very well	well	low	very weak
oral					
written					

Language 4

	excellent	very well	well	low	very weak
oral					
written					

Current position

Held positions since
you received your
qualifications

Doctorate: University where you obtained it – date and title of the thesis

publications (only the three most important ones)

Present Research

Your local promoter

Internship plan (short description – max. 3 lines)

Department or placement where you would like to do your internship

Preferred period

Have you already contacted the department in Leuven?

Have you obtained the consent of the head of your internship in Leuven?

Motivation: Describe the purpose and motivation of your internship.

Be specific, describe a realistic program and explain how this course will help the department where you will work will benefit.

SUBMIT

PRINT

SAVE

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