

Application for a Visiting Research Fellowship 2017

The application form has to be completed in English or German

Mrs Mr Name (last name, first name) Date of Birth (dd/mm/yyyy) Citizenship Phone

Abstract (150 words max.)

Proposal of cooperation (e.g. talks, workshops)

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Education History			
List in chronological order colleges and	d universities attended.		
Educational Institution (Name / Location)		Degree or Diploma	Year
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Educational Institution (Name / Location)		Degree or Diploma	Year
Educational Institution (Name / Location)		Degree or Diploma	Year
Research interest			
Academic honours, scholarships, fello	wships or other awards		
Contact Person in Berlin			
Name	Position	Institution	

References

Please list the names, positions and institutions of two people who would be able to provide information about your academic work.

Name	Position	Institution
Name	Position	Institution

Application

for a Visiting Research Fellowship 2017

Name	
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Date (dd/mm/yyy)	Page

Signature

All information supplied in this application is true and complete to the best of my knowledge. For the purpose of admission decisions, the information provided in this application may be shared or stored according to the rules of data privacy.

Date (dd/mm/yyyy)	Name (typed) or Electronic Signature			
How did you hear from us?				-the s
	BAK-website	www.topoi.org	other online portal	other:

Send information

Please gather all your documents in one PDF file and send them together with your completed application form to:

sekretariat@berliner-antike-kolleg.de

Contact information:

Dr. Henrike Simon Berliner Antike-Kolleg Geschwister-Scholl-Straße 6 10117 Berlin Deutschland

e-mail: henrike.simon@berliner-antike-kolleg.de

Please make sure that you send all the necessary documents with your application:

- completed application form
- letter of interest
- CV
- a publication list
- a research proposal (max. 3 pages)
- a published writing sample

