**Application Form of**

**KORL-HNS Scholarship for International Visiting Fellows**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal information** | | | |
| Last name | Middle name | First name | |
|  |  |  | |
| Male/Female: | | | |
| Date of Birth: | | | |
| Nationality: | | | |
| Passport number: | | | |
| Primary language: | | | |
|  | | | |
| Current position: | | | |
| Hospital/Institute: | | | |
| Contact number: | | | |
| Mobile phone: | | | |
| E-mail: | | | |
| Address (city, street, zip): | | | |
| **International Visiting Fellowship Application** | | | |
| Proposed training period (D/M/Y - D/M/Y) | | | |
| Visiting institute(s): | | | |
| Proposed research or clinical topics: | | | |
| Summary agenda: | | | |
| **Applicant’s signature** | | | **Date** |
| Name / Signiture | | | D/M/Y:  / /2019 |