**Fellowship Application Form**

**Personal Data**

Family Name:

Given Name(s):

Academic Title:

Date of Birth ([dd.mm](http://dd.mm).yyyy):

Nationality / Nationalities:

**Address / Academic Position**

E-Mail:

Permanent Mailing Address:

Current Academic Position:

Home Institution:

**Fellowship**

Focus:

( ) Clinical Research

( ) Digitalization in Medicine

Title of Fellowship Project:

Preferred duration (months):

Preferred start date ([dd.mm](http://dd.mm).yyyy):

**Collaboration Partner at the School of Medicine and Health Sciences**

Title, Name:

Department:

**Letters of Reference**

I have asked two referees to **send their Letters of Reference as PDF directly to Dr. Beena Punnamoottil (**beena.punnamoottil@uol.de**)**

1. Title, Name:

Institution:

E-Mail:

2. Title, Name:

Institution:

E-Mail:

**Application Material to be submitted**

1. Application Form
2. Formal cover letter to the Dean of the School of Medicine and Health Sciences and the Rector of the HWK (signed)
3. Abstract of the Fellowship project for non-peer/public audience (max. 1500 characters incl. blanks)
4. Abstract of the Fellowship project for peers (max. 1500 characters incl. blanks)
5. Project proposal describing the planned research project containing a detailed work schedule (not more than ten pages including references)
6. Curriculum Vitae, including a publication list and a list of third-party grants
7. Letter of support from the cooperation partner at the School of Medicine and Health Sciences ascertaining the accessibility of any infrastructure necessary for the planned project
8. Two letters of reference from experts in the field focusing on the applicant’s qualifications, to be sent to the School of Medicine and Health Sciences directly (to beena.punnamoottil@uol.de)

All applications must be submitted in electronic form (one PDF file) to Dr. Beena Punnamoottil (Beena.Punnamoottil@uol.de).