

Departement Health Sciences and Medicine
PhD program in Health Sciences



Application for financial support for mobility money

Surname _____

First name _____

1st Supervisor _____

Conference/workshop

Organizer _____

Location _____

Dates from/to _____

Costs

Conference fee _____

Travel costs _____

Accommodation costs (+ number of nights) _____

Total _____

Amount requested _____

Reasons/relevance (please submit on a separate sheet)

Location, date

Signature applicant

Signature supervisor

Please read the instructions for financial support applicants.

Decision:

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