# The Weizmann Foundation Visiting Faculty Program

## Application Form

*(rel 10/2012)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Family Name | | | | |  | | | | Given Name | | | | | | |  | | | | | | Middle Initial | | | | | |  | |
| Passport number (or ID number if Israeli citizen) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Rank |  | | | | | | | | If not Full Professor, Please specify | | | | | | | | | | | | | | |  | | | | | |
| Present Place of Employment | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Address of Present Place of Employment | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Ph.D. or equivalent awarding Institution | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Fax Number | | |  | | | | | | E-mail Address | | | | | | | | |  | | | | | | | | | | | |
| Home Page | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Citizenship: Israeli/non Israeli (erase and complete as relevant) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Date and Place of Birth | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Marital Status | | | |  | | | | | Number of Children (who will accompany you) | | | | | | | | | | | | | | | | |  | | | |
| Proposed Field of Research | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approximate duration of proposed visit | | | | | | | | | | |  | | | | months from | | | | | |  | | | | , | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | *months* | | | |  | | *year* | | |
|  | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | |  |
| (Please note that if the duration of the requested visit is more than **three months** total support from the Weizmann Foundation Visiting Faculty Program will not exceed **three months**). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Have you in the past been awarded a Weizmann Visiting Fellowship? | | | | | | | | | | | | | | | | | | | | | | | If yes – Please specify: | | | | | | |
| Period/s of the Visiting Fellowship | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Past Visits to Weizmann Institute of Science (if any) please detail year/s and duration (in months): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | |  | | | | | | | | | | | | | | | Date: | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please attach:

1. your curriculum vitae
2. a list of your publications
3. a brief statement of your proposed research (1-2 pages)
4. your photograph
5. letter of invitation from your prospective host at the Weizmann Institute

Endorsement (by signature herein) of request by:

* Head of proposed hosting department 1
* Dean of proposed hosting Faculty 2

1,2 In place of signature you may attach an e-mail affirming endorsement of this application from the above mentioned.

Please submit the completed application by e-mail to: [visiting.proposal@weizmann.ac.il](file:///C:\Users\avivao\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\200T5UG5\visiting.proposal@weizmann.ac.il)

**All applications must be received no later than March 31 or September 30.**