Appendix No. 1 to the Regulations on the awarding and payment of funds for internships / foreign scientific events / domestic scientific events

**Wrocław, date**…………………..

**Application for funding**

for a foreign scientific internship as part of the task 4 of the UPWr 2.0 project: „International and interdisciplinary development programme for Wrocław University of Environmental and Life Sciences” co-financed by the European Social Fund under the Operational Program Knowledge Education Development Program 2014-2020; Axis III Higher education for the economy and development; Actions 3.5. Comprehensive university programs.

|  |  |
| --- | --- |
| **Name and surname of the Project Partici-pant** |  |
| **Scientific Discipline** |  |
| **Leading PhD Supervisor** |  |
| **Co-supervisor** |  |
| **Host Institution** |  |
| **Name of the research unit in which the internship will be carried out** |  |
| **The expected duration of the internship** |  |

I am applying for an outgoing scholarship in the amount of ……………………… .. (in words:) to cover the costs of the trip as part of a foreign research internship. The amount shown is comprised of the following costs:

|  |  |
| --- | --- |
| Scholarship amount (number of months x PLN 6,450 / month) |  |
| Return Trip |  |
| Insurance |  |
| **TOTAL** |  |

|  |
| --- |
| **PART II - INTERNSHIP PLAN** |
| The expected duration of the internship ………………………………….. |
| Detailed internship plan  ………………………………….. |

I hereby declare and confirm that I have read the Regulations for the awarding and payment of funds for foreign internships/foreign scientific events/domestic scientific events under the project entitled . UPWR 2.0: an international and interdisciplinary development program of the University of Life Sciences in Wrocław and I undertake to complete all formalities related to the trip.

.......

..............................................

*(date and signature of the Project Participant)*

...................................................

*(date and approval of the PhD supervisor)*

|  |  |
| --- | --- |
| **Project manager's signature** | I consent / do not consent  for granting the scholarship |