



Nomination Form “Short-term Grants for International Collaborations”

Funding Measure „Future Mobility Grants“
of the InnovationCampus Future Mobility
under the Partnership of University of Stuttgart and
the Karlsruhe Institute of Technology (KIT)

The nomination has to be written in English. All parts must be completed.

1. DETAILS OF THE KIT OR UNIVERSITY OF STUTT GART NOMINATING RESEARCHER

Last Name	
First Name	
Title, academic degree	
Address Institute (KIT/ University of Stuttgart)	
Position, Field of Responsibility	

2. DETAILS OF THE NOMINEE

Last Name	
First Name	
Title, Academic Degree	
Doctorate completed in (Month, Year)	
Nationality	
Current Institution	
Current Position/ Affiliation	
Home Address (Street, Zip Code, City/ Town, Country)	
Contact Phone Number	
Contact Email	

3. DETAILS OF THE PLANNED RESEARCH STAY

Stay	1	2	3	4	5	6
Duration						
Stay	7	8	9	10	11	12
Duration						

Notice: e.g. 08/2022 or 22.8.20022-2.9.2022. Please leave the non-used fields empty.

Exclusion of Double Funding

- I confirm that the nominee does not receive any funding from another institution for the same purpose. Examples of funding include remuneration from a KIT/ University of Stuttgart institute or working group, remuneration from the home institute, or support from other funding institutions.
- The nominee will receive additional funding. Please state the type of funding:
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4. FURTHER INFORMATION REQUIRED (ANNEX)

- Official nomination statement by the KIT/ University of Stuttgart nominating researcher
- Outline of the joint research project, including a preliminary funding plan and schedule (max. 3 pages)
- CV of the nominee (max. 2 pages)
- List of scientific key publications of the nominee in peer-reviewed international journals (no more than 10 publications)
- Copy of doctoral degree certificate or equivalent
- Recommendation letter by a collaboration partner or a researcher from the institution of the nominee
- The nominee has taken note of the privacy policy
- The nominee has taken note of the procedure of moving up from the waiting list



I herewith confirm that all facilities, equipment, and consumables necessary to carry out the research are available and that I am authorized to provide a workplace for the nominee.

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Place, date

.....
Signature of Nominating Researcher/ Host

.....
Place, date

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Signature of Head of Institute
(if other than Nominating Researcher/ Host)