



Viadrina International Program – for Graduates (VIP) Written assessment form 2020 Research stay at the Viadrina (max. 3 months)

Information on applicant

Name of applicant:

Name of home university:

Period of research stay at Viadrina (dd/mm/yyyy):

Information on assessor

Name of assessor:

Position:

Faculty:

University/institution:

Contact address:

Email:

Telephone number:

Intended research stay of the applicant

Please give a short assessment of the applicant's dissertation project. (max. 1500 characters)



How do you rate the relevance of both the applicant's research stay and intended activities for his/her PhD studies? (max. 1500 characters)

What role does the requested funding play for both the applicant's academic and professional career and his/her international networking? (max. 1500 characters)



Additional information that may be relevant to decide for a fellowship.

(Place, Date)

(Signature assessor)