**Application form:** Internship funding

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| BASIC INFORMATION |
| First and Last Name |  |
| Year of study |  |
| Supervisor’s name |  |
| Receiving Institution |  |
| Location of the receiving institution |  |
| Estimated dates |  |

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| 1) Who will be the supervisor during the internship? Please attach their invitation to the application form. |
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| 2) Justify the need for this internship, including research plans, list of methods and other skills which you can learn, especially from the perspective of lack of opportunities to attain the same results in Poland, possible outcomes of the internship |
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| 3) Estimated costs |
| **Fee:****Travel:****Accommodation:****Daily allowance:****Other:** |
| 4) Indicate any other funding sources for the planned internship (received, applied for, intended to apply for). |
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| 5) If you have already taken part in a foreign internship, please indicate the place and dates. |
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| 6) Additional remarks |
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I hereby declare that if I am granted the funds from the CogNeS Project for the internship, I will provide the Head of the Project with the report on the scientific activities accomplished during the internship, prepared according to the Attachment 1 to this Application form, within two weeks upon the return.

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Applicant’s signature Supervisor’s signature

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| DECISION |
| Positive/Negative |  |
| Granted amount |  |
| Justification (if the decision is negative) |  |

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 Head of the CogNeS Doctoral Studies Head of the CogNeS Programme

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 Member of the committee

**Attachment 1:** Report

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| Attachment 1 - Research accomplished |
| Report on the scientific activities accomplished during the internship (max 1 page): |  |
| Name of the person at the receiving institution responsible for the PhD student |  |
| Date, stamp of the receiving institution and signature of the person at the receiving institution responsible for the PhD student |  |