



## BENEFICIARY FORM

### UG Strategic Partner Framework – Talent Travel

#### 1. Beneficiary personal details

First name(s) as in passport:

Last name(s) as in passport:

Home University:

Nationality/ies:

Place & Date of Birth:

E-mail:

#### 2. Education

Highest degree obtained:

Name degree program:

University:

Degree type of current enrollment (if applicable, e.g. bachelor/master/MD/PhD):

Name program:

University:

Start date (MM/YYYY):

(Projected) end date (MM/YYYY):

#### 3. Field of research interest

Research topic(s):

Home University Supervisor:

Host University Supervisor:

#### 4. Internship period

Beneficiaries should take into account that, as a general rule:

- Practicalities of implementation require a period of 3 months between submission of their application and the actual start of the TT mobility
- In case of incoming mobility to UG and in case resources to cover an extended research stay beyond the 1-month TT scholarship can be secured, a maximum duration of 90 days (3 months) is advised. Students with a non-EU nationality need a long-stay visa for any mobility beyond 90 days.

I have agreed with my supervisors the following period of implementation of my research stay:

Start date (dd/mm/yyyy):

End date (dd/mm/yyyy):

My stay for this period has been pre-approved by relevant authorities at the Partner (yes/no):

List the names and positions of those who have pre-approved your stay:

I will/will not apply to other sources of funding for my internship (yes/no): no

If yes, mention details:



**university of  
 groningen**

**5. Beyond the internship**

Indicate here what is your academic aim beyond the internship (e.g. Sandwich PhD program, postgraduate degree, etc.). Be as specific as possible.

**6. Motivational statement (max. 200 words)**

Your personal motivation for applying to the SPF Talent Travel grant. Indicate specifically how your stay may contribute to collaboration between the UG and the Partner.

**7. Signature**

I, the undersigned, affirm and certify that all the information and answers to questions in this application are complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for termination, whenever discovered.

Full name:

Place:

Date:

Electronic signature: