

## Nomination Form

### Short-term Grants for International Collaboration

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

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

#### 1. DETAILS OF THE KIT OR UNIVERSITY OF STUTTGART 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 (max. 3 pages)
- CV of the nominee (max. 2 pages)
- List of selected key publications (no more than 10 publications)
- Copy of doctoral degree certificate or equivalent
- Recommendation letter from an important collaborative partner or a researcher from the candidate's own institution
- 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

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