Vienna Doctoral School of Philosophy

External Research Stay Application Form

You may apply to reclaim expenses for an external research stay at another university or organisation. You should have completed your public presentation (FÖP) and your doctoral thesis agreement. Please note that successful applicants are still expected to complete their thesis (and progress reports) within the usual timeframes; these requirements are *not* pushed back by the period of the research stay.

Application process:

* **Applicants** should submit the partially completed application form, together with their doctoral thesis agreement and any annual progress reports, to their supervisor(s).
* **Supervisors** should submit the fully completed application form, together with the doctoral thesis agreement and any annual progress reports, to [vd.philosophy@univie.ac.at](mailto:vd.philosophy@univie.ac.at).
* Best efforts will be made to consider applications within 10 working days of receipt.

**FOR COMPLETION BY THE APPLICANT:**

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| --- | --- |
| **Name of applicant:** |  |
| **Name of host individual:** |  |
| **Name of host organisation:** |  |
| **Dates of placement:** |  |

**Please provide details of the expenses you would like to reclaim:**

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| --- | --- |
| **Expense type (e.g. travel, visa, accommodation)** | **Estimated cost** |
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**Estimated total cost:**

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**Please explain the rationale for undertaking this placement. You should consider how it will support the successful and timely completion of your doctoral thesis, as well as contributing to your wider skills and career development. (500 words maximum)**

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**FOR COMPLETION BY THE SUPERVISOR(S):**

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| **Name of first supervisor:** |  |

**Please provide a supporting statement explaining why you, as supervisor, believe this placement would be worthwhile. (500 words maximum)**

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**Date: Supervisor signature:**

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| **Name of second supervisor:** |  |

**Please provide a supporting statement explaining why you, as supervisor, believe this placement would be worthwhile. (500 words maximum)**

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**Date: Supervisor signature:**