***August T Larsson Guest Researcher programme – 2024***

## Applicant

*Name*

*E-mail*

*Department*

Information about the proposed guest researcher

*Name*

*Phone*

*Current Home address*

*E-mail*

*Current employer*

*Current employment (title)*

*Current research area*

Commitment (åtagande) at SLU

*Extent*

 *Whole commitment (2 months/year)*

*Limited commitment (1 month/year)*

*Special contribution*

Project title

###

The title should describe the main purpose of the application

Planned activities

###

Describe the concrete goals aimed at with the visiting guest researcher (ca 1,500 characters). Please see the call text for information about the evaluation criteria.

# Motivation

###

Describe how the collaboration with the guest researcher is expected to create added value to the department/unit (approx 1.500 characters)

Signatures

*Applicant*

*Date*

………………………………………………………… ………………………………………..

*Head of Dept/equivalent*

*Date*

………………………………………………………… ………………………………………..

Required attachments:

CV of the proposed guest researcher

List of publications of the proposed guest researcher

Letter of intent by the proposed guest researcher

Brief budget

# **Please, send Your application to** **registrator@slu.se** **and write SLU.ua.2024.3.2.5-1214 in the subject line.**