**APPLICATION FORM FOR A RESEARCH STAY AT THE UNIVERSITY OF CANTABRIA**

Name ………………………………………………………….…………… Surname ……………………………………………………..…………….……

Passport Number **:** ……………………………………………………. Date of Birth: ……………………………….………………………………….

Email address: ……………………………………………….………….. Telephone: ……………………………………………………………….........

Academic title: …………………………………………………………………………….………………………………………………………………………………….

Academic/Research position: ………………………………………………………………………………………………………………………………………….

Name and Address of the institution of origin: ……………………………………………………………………………………………………………….

**APPLIES FOR** an authorization for a research stay

Hosted by the group led by Prof. ……………………………………………………………….……....……….

Located in the Department of ………………………………………………………………….……..…..………..

at the Faculty/ School …………………………………………………………………………………………….…….

 from …………………………..…………………… until …………………………………………………

Summary of the proposed working Plan during the research stay:

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Research Program or Project within which the proposed activity will be carried out:

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

In compliance with article 7 of the UE Regulation 2016/679 of the UE Parliament and the Council of 27th April, 2016, on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, the submission of this application entails consent for the processing of the data herein included for the purposes of processing, assessment and resolution. Conditions of the data processing of your personal data (arts 13 and 14) and the rights that can be exercised (arts 15 and 20) are available on the following Web-site: <https://web.unican.es/consejo-direccion/gerencia/RGDP/rgpd_info_investigacion.pdf>

 Date and signature of the applicant:\*

 Approval of the host Professor:

*(Date and signature)*

 Approval of the Head of the Department:

*(It is not necessary for stays in Research Institutes of the UC)*

*(Date and signature)*

 Approval of the Dean or Director of the Centre or Research Institute:

 *(Date and signature)*

*\*Can be electronic or scanned signature*

## **AUTHORIZATION TEMPLATE FOR THE VISITING RESEARCHER’S UNIVERSITY/CENTRE/COMPANY**

## (Other templates, or even an email, can be used as long as they contain the information below)

D. ………………………………. ................................................................................................................

as (position held):

in (name and address of the University, center or company)

Phone and e-mail :

**AUTHORIZES** the stay that

Mr./Mrs……………………………………………………………………………………………………………………………………………

is applying at the Department /Institute …………………………………………………………………..……………….……

of the University of Cantabria

from …………………….…… until ……………….………..

Date and signature of the person that authorizes the stay