



GROUP BIOMEDICAL SCIENCES
DEPARTMENT OF IMAGING & PATHOLOGY
OMFS-IMPATh RESEARCH GROUP
KAPUCIJNENVOER 33
3000 LEUVEN, BELGIUM



RESEARCHER / VISITING SCHOLAR FORM



PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

DATE OF BIRTH:

PLACE OF BIRTH:

NATIONALITY:

GENDER:

TITLE:

CIVIL STATUS:



CONTACT INFORMATION

PERSONAL E-MAIL:

WORK E-MAIL:

HOME COUNTRY

STREET:

NO/APT/UNIT/BOX:

ZIP CODE:

CITY:

COUNTRY:

MOBILE PHONE NUMBER:

AREA CODE

BELGIUM

STREET:

NO/APT/UNIT/BOX:

ZIP CODE:

CITY:

COUNTRY:

MOBILE PHONE NUMBER:



VISITING INFORMATION

AIM OF THE VISIT:

PROPOSED PROGRAM VISIT:

PHD OBTAINED: YES NO

IF YES: UNIVERSITY + YEAR

FACULTY:

SUPERVISOR:

BEGIN DATE OF VISIT:

END DATE OF VISIT:

TOTAL NUMBER OF DAYS:



SALARY INFORMATION

SELF-SUPPORTING:

EXTERNAL SOURCES



EMERGENCY CONTACT INFORMATION

LAST NAME:

FIRST NAME:

RELATIONSHIP:

STREET:

NO/APT/UNIT/BOX:

ZIP CODE:

CITY:

COUNTRY:

MOBILE PHONE NUMBER:

AREA CODE

PERSONAL E-MAIL:



ADDITIONAL INFORMATION

ADDITIONAL INFORMATION

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For more information, contact us at info@omfsimpath.be