



GROUP BIOMEDICAL SCIENCES
DEPARTMENT OF IMAGING & PATHOLOGY
OMFS-IMPATH RESEARCH GROUP
KAPUCIJNENVOER 7
3000 LEUVEN, BELGIUM



RESEARCHER / VISITING SCHOLAR FORM



PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

DATE OF BIRTH (dd-mm-yyyy):

PLACE OF BIRTH (City, Country):

NATIONALITY:

GENDER:

TITLE:

CIVIL STATUS:



CONTACT INFORMATION

PRIMARY E-MAIL ADDRESS (will be used for further communication)

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:

Address still unknown

Phone number still unknown



VISITING INFORMATION

HOME UNIVERSITY

HOME UNIVERSITY + FACULTY:

CURRENT EDUCATION PROGRAM

HIGHEST DEGREE OBTAINED:

PHD ALREADY OBTAINED: YES NO

IF YES: UNIVERSITY + YEAR

KU LEUVEN

PROPOSED KUL-PROGRAM VISIT:

SUPERVISOR AT KUL:

AIM OF THE VISIT:

MOTIVATION:

BEGIN DATE OF VISIT (dd-mm-yyyy):

END DATE OF VISIT (dd-mm-yyyy):

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