

UNIVERSITY OF COPENHAGEN

Erasmus Staff Mobility

# VISIT REQUEST FORM

Please email the completed form  
to [UCPHabroad@ku.dk](mailto:UCPHabroad@ku.dk)



Image: University Library

TIME / DATE OF PROPOSED VISIT:

DURATION (HOURS / FULL DAY / HALF DAY)  
(NB MINIMUM 2 DAYS)

MAKING THE REQUEST:

| Title (Prof./DR./Mr./Ms.) | First name           | Family name          | Position             |
|---------------------------|----------------------|----------------------|----------------------|
| <input type="text"/>      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Institution               | <input type="text"/> |                      |                      |
| Website                   | <input type="text"/> |                      |                      |
| Email                     | <input type="text"/> |                      |                      |
| Other information         | <input type="text"/> |                      |                      |

SHORT INTRODUCTION TO YOUR INSTITUTION:

OVERALL PURPOSE FOR VISIT AND TOPICS OF INTEREST:

UCPH STAFF / UNITS YOU WOULD LIKE TO MEET:

WHAT WILL YOU CONTRIBUTE WITH DURING YOUR VISIT?

E.G. PRESENTATION/TEACHING/NETWORK, ETC.

IF MORE THAN ONE PERSON WISHES TO ATTEND ERASMUS STAFF MOBILITY

NUMBER OF DELEGATES:

HEAD OF DELEGATION:

| Title (Prof./DR./Mr./Ms.) | First name           | Family name          | Position             |
|---------------------------|----------------------|----------------------|----------------------|
| <input type="text"/>      | <input type="text"/> | <input type="text"/> | <input type="text"/> |

NAMES OF DELEGATES:\*

| Title (Prof./DR./Mr./Ms.) | First name           | Family name          | Position             |
|---------------------------|----------------------|----------------------|----------------------|
| <input type="text"/>      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>      | <input type="text"/> | <input type="text"/> | <input type="text"/> |

\*Please attach a separate list, if your delegation holds more than 4 members