

UNIVERSITY OF COPENHAGEN

Erasmus Staff Mobility

# VISIT REQUEST FORM

Please email the completed form  
to [staffvisit@adm.ku.dk](mailto:staffvisit@adm.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

NAMES OF DELEGATES:\*

Title (Prof./DR./Mr./Ms.)	First name	Family name	Position

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