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| **SAINT PETERSBURG STATE UNIVERSITY****Research Office****International Research & Technology Department****Incoming mobility specialists:**a.nevorotina@spbu.ru, n.malinova@spbu.ru, j.medvedeva@spbu.ru+7-812-324-08-88**STAFF EXCHANGE APPLICATION FORM** |



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| **№** | **EXCHANGE PROFILE** |
|  | Applicant’s full name(s) |  |
|  | Home University |  |
|  | Home University’s full postal address |  |
|  | Home Faculty/Department |  |
|  | Position at Home University |  |
|  | Host University | Saint Petersburg State University |
|  | Host Faculty |  |
|  | **Person at Host Faculty to be visited:** |
|  | Full name |  |
|  | Position |  |
|  | Contact information (tel., e-mail) |  |
|  | **Exchange period:** |
|  | Total duration of exchange visit (amount of days) |  |
|  | Dates of visit | from till |
|  | Alternative dates of visit | from till |
|  | **Accommodation**Please choose: | * + - * I would like to stay at SPSU guest house;
			* I will organize my accommodation by myself
 |
|  | Please describe briefly **the purpose of your exchange visit** to SPSU(conducting joint research projects and papers with SPSU colleagues, delivering lectures, etc.) |
|  |
|  **APPLICANT’S PERSONAL DATA** |
|  | Family name |  |
|  | Given name(s) |  |
|  | Sex |  |
|  | Date of birth |  |
|  | Country of birth |  |
|  | City of birth |  |
|  | Citizenship |  |
|  | Home address |  |
|  | E-mail |  |
|  | Contact phone |  |
|  | Travelling passport full number |  |
|  | Travelling passport valid till*Please be informed that your passport must be valid at least* ***six months*** *after the end of the exchange visit!* |  |
|  | **Do you need Russian visa?***Please note that* ***tourist visa*** *does not fit within academic exchange purposes, and* ***Common Humanitarian visa for Scientific-Technical Relations*** *is required!*  | * + Yes, I will apply for Russian visa (please attach the high-quality scan-copy of your travel passport)
	+ No, I already have a valid Russian visa of *Common Humanitarian* type purposedfor *Scientific-Technical Relations* (in this case please attach the high-quality scan-copy of your visa and travel passport)
 |
|  | If Russian visa needed, what Consulate will you apply to?  | Country:City: |
| *By signing the present form I am aware of and consent to the following: any personal data concerning me which appears on this Application Form may be supplied to the relevant authorities of the University and to authorities of the Russian Federation, if necessary, for the purposes of a decision on my application. Such data may be input into, stored and processed in, databases accessible to the relevant authorities of the Saint-Petersburg University and of the Russian Federation.* |
| **Applicant’s signature:** | **Date:** |