**Appendix 15**

to the Programme Guidelines of the Philipp Schwartz Initiative

**Philipp Schwartz Initiative of the Alexander von Humboldt Foundation**

**Application for extension of Philipp Schwartz Fellowships**

(As of 27 November 2017)

|  |  |
| --- | --- |
| **Applicant institution:** |  |

Application for an extension of the Philipp Schwartz Fellowship for (please complete one form per person):

|  |  |
| --- | --- |
| First name: |  |

|  |  |
| --- | --- |
| Surname: |  |

|  |  |
| --- | --- |
| Gender: |  |

|  |  |
| --- | --- |
| Academic title: |  |

|  |  |
| --- | --- |
| Subject area: |  |

|  |  |
| --- | --- |
| Country of origin: |  |

Funding period to be financed from PSI funds (Humboldt extension period, max. 6 months):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Starting date (dd.mm.yyyy) Ending date (dd.mm.yyyy) No.of months

Total extension period (Humboldt and HI extension period):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Starting date (dd.mm.yyyy) Ending date (dd.mm.yyyy) No. of months

The applicant institution agrees to co-finance a period of time matching the period requested from the Humboldt Foundation (duration of HI extension period = duration of Humboldt extension period), appropriately endowed and planned and immediately following the Humboldt extension period).

The applicant institution will abide by the programme information for the extension (appendix 14). It further agrees to continue to abide by all obligations regarding PSI funding which the host institution assumed by signing the acceptance form for initial funding during the extension period funded by the Humboldt foundation. The applicant institution will clarify residence permit issues both for the Humboldt extension period and the HI extension period.

The required financing plan (appendix 16) is attached.

|  |  |  |
| --- | --- | --- |
|  |  |  |

Place / date Signature of head of the host institution or

an authorised representative

Information regarding the signatory:

|  |  |  |
| --- | --- | --- |
|  |  |  |

Title First name and surname

|  |
| --- |
|  |

Position and organisational unit

**Philipp Schwartz Initiative of the Alexander von Humboldt Foundation**

**Confirmation of research position**

**and mentoring agreement by the academic mentor**

**- extension period -**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Name of candidate Name of academic mentor

|  |
| --- |
|  |

Name of host institute

|  |
| --- |
|  |

Address of host institute (street, postal code, town/city, country)

|  |
| --- |
|  |

Host institute’s communications data (telephone number, fax number, email address)

I hereby confirm that all facilities, equipment and consumables required for the extension period are available and that I am authorised to allocate a research position to the candidate in question.

I hereby declare that I am unaware of any facts or particular aspects which may speak against the candidate’s funding (e.g. possible conflicts with legally binding principles of scientific ethics, danger of arms-relevant technology transfer in accordance with legal regulations, etc.).

I confirm that, in the event of funding being granted, the same security conditions will apply to the candidate as they do to other academics working at the institute. I shall remain at the candidate’s disposal as his/her academic mentor, providing both academic supervision for the duration of the research stay and ensuring that the rules of good academic practice and the legally binding principles of scientific ethics are observed within the context of my mentoring duties.

|  |  |  |
| --- | --- | --- |
|  |  |  |

Place / date Signature

**Philipp Schwartz Initiative of the Alexander von Humboldt Foundation**

**List of questions for the statement**

**by the academic mentor**

(As of: 9 November 2017)

|  |  |  |
| --- | --- | --- |
|  |  |  |

Name of candidate Name of mentor

|  |
| --- |
|  |

Name of host institute

|  |
| --- |
|  |

Address of host institute (street, postal code, town/city,country)

|  |
| --- |
|  |

Communication data of the host institute (phone number, fax number, email address)

Please answer the following questions in the prescribed sequence in the form of a statement of approximately one page, and attach this to the signed research position confirmation.

1. What are your plans regarding the further development of the candidate’s academic and career perspectives for the entire extension period?
2. Specifically, how do you plan to integrate the candidate at your institution during the HI extension phase (internal research fellowship, employment contract, teaching assignment, service contract or the like)?