

COSPAR Capacity Building Fellowship Application

Name:

Title:

(Please CAPITALIZE family name)

Status: MSc student

PhD student

PostDoc

Faculty

Institute:

Address:

Email address:

Telephone number:

Data of birth

Gender:

COSPAR Capacity-Building Workshop attended (Title/Location):

Brief description of proposed program of research:

Name, title and position of your collaborator:

Name of participating laboratory:

When do you wish your fellowship to start?

(Note that it will lapse if you do not take it up within 6 months of this date.)

What was the topic of your project at the Capacity-Building workshop?

Who was your supervisor?

How have you used what you learned at the workshop since then?

If you have made a start on your program of research, what have you achieved thus far?

Are there any other factors you wish to bring to the attention of the selection panel?

Signature _____

Date