

Enclosure 1- Application Form



Università di Foggia
Scienze Mediche e Chirurgiche

APPLICATION FORM VISITING PROFESSOR A.Y. 2025/2026

Visiting Professor Data:

Name	
Surname	
Place and date of birth	
Nationality	
Address	
Country of Residence	
E-mail	
Home Institution	
Department/ Faculty	
Academic title	<input type="checkbox"/> Full Professor or equivalent (PhD holder) <input type="checkbox"/> Associate Professor or equivalent (at least 5 years of seniority as Associate Professor or equivalent and PhD holder)
PhD holder in:	
Visiting Professor at the University of Foggia in the previous years	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed length of stay	A.Y. 2025/2026: Approximately from.....to..... at the latest by 15 June 2026
Teaching and Research activities to be carried out at University of Foggia	

Applicant's documents to be attached:

1. a curriculum vitae (limit 6000 characters including spaces), containing the 10 most relevant scientific publications;
2. an official invitation letter signed by a Professor at the University of Foggia on the headed paper of the relevant Department;
3. the teaching/research programme previously agreed with the reference Professor at the University of Foggia

Place and date _____

Signature of the Applicant _____