

Version July 2024

PETER M. SCHNEIDER ISFG FELLOWSHIPS SUBMISSION FORM

Fellowship visit (please chec	ck):	☐ between continents (€ 2,500)
Title & full name		
Address: Institute		
Address: Street		
Address: Postal code, city & country		
Email address:		
Host Institution:		
Name of person responsible for hosting the visit:		
Host email:		
Expected dates of fellowship visit		
Cost estimate for travel and accommodation		
If the cost estimate is above the limit, please indicate if it will be covered by other means		
Description of the project/collabora	tion (max. 400 words):	

\square In case of approval, I agree that the ISFG will include my name and affiliation to announce the winners in meetings/congresses and at the ISFG webpage. I am also aware that a final report of the travel will be placed on the ISFG website.
Date, place: Signature:
After filling and signing the form, please send it by email to:
fellowships@isfg.org
Remember to attach all the relevant documentation according to point 2. APPLICATION PROCEDURE of the Terms of Reference for the Peter M. Schneider ISFG Fellowships of the International Society for Forensic Genetics (ISFG), namely:
CV with publications of the last three years
Acceptance letter by the host/partner institution
Details on cost estimate for travel and accommodation
Any other relevant documentation to support the application