

Collaborative Travel Awards – APPLICATION 2023

Proponent

First name	Last name
Degree	Email
Affiliation <input type="checkbox"/> Karolinska Institutet <input type="checkbox"/> Mayo Clinic <input type="checkbox"/> Other (specify) _____	

Host

First name	Last name
Degree	Email
Affiliation <input type="checkbox"/> Karolinska Institutet <input type="checkbox"/> Mayo Clinic <input type="checkbox"/> Other (specify) _____	

Other traveler

First name	Last name
Degree	Email
Affiliation <input type="checkbox"/> Karolinska Institutet <input type="checkbox"/> Mayo Clinic <input type="checkbox"/> Other (specify) _____	

Temporary research professional appointment necessary (KI travelers to Mayo Clinic)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Project title

Have you previously received a Mayo-KI Grant for the same project? If yes, in the year of:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Annexes (See announcement for more details)

Mandatory:

- 1 page endorsement letter from the proposed host
- 1 page brief biosketch for each proposed travel



EDUCATION, RESEARCH & INNOVATION **PLATFORM**

Brief description of proposed travel and goals of interaction.