

Application Form Foreign Adjunct Professor (FAP)			
Name of candidate		Home university/ institution of candidate	
Mobile phone		Email	
Department at KI		Name of nominating Head of Department at KI	
Mobile phone		Email	
Proposed subject area for the appointment (in Swedish <i>and</i> English)			
Description of the planned scientific/pedagogical collaboration between the proposed person and KI in the coming period, where the benefit for KI is clearly stated (in Swedish or English)			
I hereby attest that the department has carried out the necessary verification of crucial qualifications and references:			
Date and place	Signature Head of Department		
Included	Written consent from the proposed person		
	Written consent from the proposed person's employer		
	The Head of Department's attestation that the department has carried out the necessary verification of crucial qualifications and references (CV and publication list should be attached)		
	Existing decision on affiliation		