

5 Collaborative Travel Awards – APPLICATION 2025

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
--	------------------------------	-----------------------------

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
--	------------------------------	-----------------------------

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.