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oead.at

Unplanned Extension of Field Studies - Application Form

*For APPEAR scholarship holders only*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Personal Data | | | | |
| Last name |  | | | |
| First name(s) |  | | | |
| Phone/Austria |  | E-Mail |  | |
| Phone / country of field studies |  | | | |
| Name of contact person in case of emergency |  | | | |
| Phone |  | E-Mail | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Studies in Austria | | | | | |
| Study category |  | PhD | |  | Master’s |
| University and institute |  | | | | |
| Name of scientific supervisor |  | | | | |
| Phone |  | | E-Mail |  | |

|  |  |
| --- | --- |
| Approved field studies | |
| Location of your field studies |  |
| Name of your home institution |  |
| Approved duration of field studies | dd/mm/yyyy - dd/mm/yyyy |

|  |  |
| --- | --- |
| Unplanned extension of field studies | |
| Extended duration of field studies | dd/mm/yyyy - dd/mm/yyyy |

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| --- |
| Explanation why the scheduled completion deadline cannot be met  Specify in detail (min. 1 page) the unexpected challenges, difficulties or delays (e. g. scientific aspects, institutional and / or political reasons, personal or family-related matters) |
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| Time table and activities in accordance with the planned extension of field studies  Specify your work schedule and time table for the field study period that you are applying for. Describe the planned activities shortly but concisely. |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Return flight to Austria | | | | |
| Is your return local flight already booked? *If yes, please specify.* |  | Yes |  | No |
| Flight destination | From - to | | | |
| Flight date | dd/mm/yyyy | | | |
| Is your return international flight already booked? *If yes, please specify.* |  | Yes |  | No |
| Flight destination | From - to | | | |
| Flight date | dd/mm/yyyy | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| New dates for the return flight to Austria | | | | |
| Do you need a local flight? *If yes, please specify.* |  | Yes |  | No |
| Flight destination | From - to | | | |
| New flight date | dd/mm/yyyy | | | |
| International flight | From - to | | | |
| New flight date | dd/mm/yyyy | | | |

|  |  |
| --- | --- |
| Additional requirements | |
| Letter of your scientific supervisor (confirming, that the planned extension is approved) |  |
| Letter of your home institution (confirming, that the planned extension is approved) |  |

|  |  |
| --- | --- |
|  |  |
| Date | Signature of Applicant |

NOTE: The completed and signed form and the additional requirements have to be submitted to the respective Regional Office. Only a complete application will be forwarded to and handled by the APPEAR Office*.*