



Photograph

APPLICATION FORM for RESEARCH PLACEMENTS

HOME INSTITUTION DATA

University:

Department:

Address:

Tel. +

Fax. +

Departmental coordinator:

Name:

Title:

E-mail.

RESEARCHER'S PERSONAL DATA

Family name:

First name(s):

Place and date of birth:

Gender: Male Female

Current address:

Postal Code:

City:

Country:

Phone:

Fax.

E-mail.

Identity Card or Passport Number

Degree student

Post-degree student

PhD candidate

Lecturer

LANGUAGE COMPETENCE:

Mother tongue:

Other languages

Basic level
(currently studying)

Intermediate level
*(sufficient knowledge to
follow lectures)*

Advanced level
*(Fluent speaking and
writing)*

Do you wish to take courses at FPCEEB? Yes / No

If yes, which ones?



Facultat de Psicologia, Ciències
de l'Educació i de l'Esport Blanquerna

Universitat Ramon Llull

RESEARCH GROUP THAT YOU ARE INTERESTED TO WORK WITH AT THE FPCEE BLANQUERNA:

Name of the group:

Contact person in this group:

Field of study:

Tutor during the stay:

PERIOD OF STAY AT FPCEE BLANQUERNA:

From / / **until** / /

WORK PLAN IN OUTLINE:

To be filled by the host institution

We approve the mobility

Research group main investigator:

Vice-dean of Graduate Studies and Research:

Name:

Name: Xavier Pujadas Martí

Date:

Date:

This form should be filled in and sent to prior to mobility:

Eva Cañas Rovirosa

Mobility Unit

Facultat de Psicologia, Ciències de l'Educació i l'Esport Blanquerna

Císter 34. E - 08022 Barcelona. Spain.

E-mail. EvaCR@blanquerna.url.edu

*Please complete this application in **BLACK CAPITAL LETTERS***