**Local Association Networking Support (LANS)**

**Application Form**

**Applicants**

\*Please make copies of this page and provide information for all applicants.

|  |  |
| --- | --- |
| Name | *(Surname) (Given name) (Middle initial)*Prof. / Dr. / Mr. / Ms. / Other ( ) |
| Sylff institution |  |
| Field of specialization |  |
| Status | ( ) Current fellow pursuing M.A./MBA/MSc/Ph.D. (circle one); plan to complete degree program in (year)( ) Graduated fellow; obtained MA/ MBA/ MSc/ Ph.D. (circle one) in  (year) |
| Received Sylff fellowship in | *Please specify year and degree, e.g,.” April 2017 to March 2019 as doctoral candidate”* |
| Date of birth | (dd/mm/yy) | ( ) Male ( ) Female |
| Country of citizenship |  |
| Briefly describe your current title, position, and responsibilities: |
| Contact info | The following is my (check one) school office home other (specify: ) address, phone and fax numbers, and email address: Address:  City State/Province Postal code CountryTel.: Fax: Email:  |
| Contact requests, if any |  |

**Gathering**

* Date: (dd/mm/yy)
* Place: (Name and address)
* Activity (choose from below)

□ Academic meeting □ Presentation of research or civic achievements

□ Exchange of opinions □ Social event □Other ( )

* Briefly describe the schedule\* and planned activities of the gathering

\*Please include time to introduce the Sylff mission and support programs.