

IMEX - Application Form

Name:	
Position:	
Institution:	
Department:	
Address:	
Telephone:	
Fax:	
E-mail address:	
Department head:	
Fields of interest in education:	
Proposed project :	
The applicant confirms participation in the IMEX program with a minimum of <u>three site visits</u>. The applicant confirms that he/she is aware of the costs involved.	
signature of applicant:	signature of department head:
date:	date:
Please add a two-page Education & Teaching Curriculum Vitae, a letter of support from the department head, and a personal letter describing what the candidate wishes to get out of the program.	
Please post, e-mail to: Mrs. Manon Sakkers, Center for Research and Development of Education, University Medical Center Utrecht, P.O. Box # 85500, 3508 GA Utrecht, The Netherlands. Phone: +31.88.755 3450, email: m.e.sakkers@umcutrecht.nl	
Confirmation of participation requires an IMEX board decision. Participation per site visit is finalized upon receiving of fees.	