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APPLICATION FOR POSTDOCTORAL FELLOWSHIP IN VILNIUS UNIVERSITY FACULTY OF LAW

Fellowship title

Title acronym

Telephone No.

Host academic unit of Vilnius University		Faculty of Law			
Planned (or preferred) inte	ernship supervis	sor:			
Position	Name	9	Surname		
Information about the participant					
Name					
Surname					
Nationality					
Year of birth					
E-mail address					

Date of receiving PhD	
Dissertation supervisor	
Dissertation subject	
Institution where the dissertation was prepared/defended	
Duration of maternity, paternity or parental leave (if applicable)	from, 20 to, 20
Contribution to the development of the t	theme:
Briefly describe your competences, your mo you could contribute to the development of t	otivation to participate in the fellowship and how the topic (400 to 1000 words).
Attachments	
2. A list of scientific publications (up t	inter alia description of research activities to 10 most significant publications). ners or scientists (in case of acceptance).
(Application date)	(Applicant name, surname, signature)