



APPLICATION FORM VISITING PROFESSOR 2024/2025

Visiting Professor Data:	
Name	
Surname	
Place and date of birth	
Nationality	
Address	
Country of Residence	
E-mail	
Home Institution	
Department/ Faculty	
	☐ Full Professor or equivalent
Academic title	☐ Associate Professor or equivalent (at least
	5 years of seniority as Associate Professor or
	equivalent)
PhD holder in:	
Visiting Professor at the University of Foggia	□Yes
in the previous years	□ No
Proposed length of stay	A.Y. 2025/2026: Approximately fromto
Teaching activities, for a minimum of 20 hours (describe the teaching activity you will be doing at UniFG)	
Applicant's documents to be attached:	
scientific publications; 2. an official invitation letter signed by a Pr paper of the relevant Department;	including spaces), containing the 10 most relevant rofessor at the University of Foggia on the headed usly agreed with the relevant Professor at the
Place and date	
Signature of the Applicant	