**SC-Forschung**

**Schöpfastrasse 45**

**6020 Innsbruck**

**E-Mail: sc-forschung@i-med.ac.at**

**Tel: +43 (0) 512 9003 70073**

**Statement of the PhD Supervisor for applications to the program Travel Grants for Research Stays.** If wished this form can be sent separately to the SC-Forschung office (Post or E-Mail). Please do not forget to indicate the name of the grant applicant.

**Name of the PhD Supervisor:**

**Name of the PhD Student (grant applicant):**

**1. Why is this research stay essential for the PhD project of the applicant at this point?**

**2. In which way will the research stay benefit the PhD project of the applicant?**

**3. Why it is not possible to do the work planned for the research stay at the Medical University of Innsbruck or in another institution within one day distance?**

**4. How do you judge the qualities of your doctoral student as compared to others (excellent, good or average)?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place, Date Signature of the PhD supervisor