**Application for Seed funding**

**Contact person**

|  |  |
| --- | --- |
| Name |  |
|  |  |
| University |  |
|  |  |
| Faculty/department |  |
|  |  |
| Address |  |
|  |  |
| Telephone |  |
|  |  |
| E-mail |  |

**Universities involved in the application**

Please select which universities are involved and for each provide the name and e-mail address of a contact person for this matchmaking activity:

 ☐ **Aarhus University**

|  |  |
| --- | --- |
| Contact person: |  |
|  |  |
| E-mail: |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **☐South African University:** |  |  |
|  |  |
| Contact person: |  |
|  |  |
| E-mail: |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **☐South African University:** |  |  |
|  |  |
| Contact person: |  |
|  |  |
| E-mail: |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **☐South African University:** |  |  |
|  |  |
| Contact person: |  |
|  |  |
| E-mail: |  |
|  |  |

**Description of the matchmaking activity**

**Expected scientific and educational outcome, including expectations for a further development of the collaboration**

**Time schedule**

**Opportunities for attracting external co-funding**

**Detailed budget**

|  |  |
| --- | --- |
|  | Cost (DKK) |
| Accommodation (please specify):  |  |
| Catering (please specify): |  |
| Transport (please specify): |  |
| Materials (please specify): |  |
| Student Assistance (please specify): |  |
| Other costs (please specify): |  |
| T**otal cost (DKK):** |  |

**Support for the matchmaking activity**

The activity must be supported by a pro-dean responsible for internationalisation at Aarhus University.

A support letter from the South African University is required.

The pro-dean hereby declare his/her support for the foreseen activity.

|  |  |  |
| --- | --- | --- |
| **University:** |  |  |
|  |  |
| Name and title |  |
|  |  |
| Date |  |
|  |  |
| Signature |  |

**Summary report for matchmaking activities receiving seed funding**

**Type of activity**

☐ Research collaboration

☐ Education collaboration

☐ Joint application for external funding collaboration

|  |  |
| --- | --- |
| Subject area/faculty:  |  |
|  |  |
| Subject area/department: |  |
|  |  |
| Number of bachelor/master students involved: |  |
|  |  |
| Number of PhD students and post-docs involved:  |  |
|  |  |
| Number of professors/associate professors involved: |  |
|  |  |

**Results achieved**

(Maximum 4000 characters – please be brief)

**Planned follow-up activities**

(Maximum 4000 characters – please be brief)

**Expected future results**

(Maximum 4000 characters – please be brief)

**Financial statement**

|  |  |
| --- | --- |
| Original grant size | DKK |

|  |  |
| --- | --- |
|  | Cost (DKK) |
| Accommodation (please specify):  |  |
| Catering (please specify): |  |
| Transport (please specify): |  |
| Materials (please specify): |  |
| Student Assistance (please specify): |  |
| Other costs (please specify): |  |
| T**otal cost (DKK):** |  |

Please remember to attach all relevant documentation and receipts.

**Signature**

|  |  |  |
| --- | --- | --- |
| **University:** |  |  |
|  |  |
| Name and title |  |
|  |  |
| Date |  |
|  |  |
| Signature |  |
|  |  |