

## Application for Financial Support for GSL Mobility Funding

Surname, first name

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Discipline

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First Supervisor

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Event

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Organizer

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Location

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Dates from/to

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### **Costs**

Conference fee

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Travel Costs

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Accommodation costs  
(numbers of nights)

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Total

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Amount requested of  
GSL

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Personal contribution

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### ***Reasons/relevance (please submit on a separate sheet)***

Location, date:

Signature applicant:

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Supported by supervisor  
(signature):

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**Please read the [guidelines](#) for support applications!**

**Decision GSL:**