# The Weston Visiting Professorships The Erna and Jakob Michael Visiting Professorships The Joseph Meyerhoff Visiting Professorships The Rosi and Max Varon Visiting Professorships The Morris Belkin Visiting Professorship

## ACADEMIC YEAR 2025 - 2026

## Application Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family Name |        | Given Name |       | Middle Initial |       |
| Passport number (or ID number if Israeli citizen) |       |
| Rank |        | If not Full Professor, Please specify |       |
| Present Place of Employment |       |
| Address of Present Place of Employment |       |
| Fax Number |       | E-mail Address |       |
| Home Page |       |
| Citizenship: Israeli/non Israeli (erase and complete as relevant) |       |
| Date and Place of Birth |       |
| Marital Status |       | Number of Children (who will accompany you) |       |
| Proposed Field of Research |       |
|       |
| Approximate duration of proposed visit  |       | months from |        | , |       |
|  | *months* |  | *year* |
| Have you in the past been awarded a Weizmann Visiting Professorship? |       |
| If yes - Please specify: | Name of Visiting Professorship |       |
| Period/s of the Visiting Professorship |       |
| Signature |       | Date |       |
|  |  |  |  |

Please attach:

1. your curriculum vitae
2. a list of your publications
3. a brief statement of your proposed research (1-2 pages)
4. your photograph
5. letter of invitation from your prospective host at the Weizmann Institute

Endorsement (by signature herein) of request by:

* Head of proposed hosting department 1
* Dean of proposed hosting Faculty 2

1,2 In place of signature you may attach an e-mail affirming endorsement of this application from the above mentioned.

Please submit the completed application by e-mail to: **visiting.proposal@weizmann.ac.il**

All Applications Must Be Received Annually No Later Than **December 31**