# 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**](mailto:%20visiting.proposal@weizmann.ac.il)

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