



Consortium  
for Advanced  
Studies in  
Barcelona

## CASB Fellows Program Application Procedures 2010-2011

**UAB**

Universitat Autònoma de Barcelona



UNIVERSITAT DE BARCELONA



UNIVERSITAT  
POMPEU FABRA

Dear CASB Fellows Program Applicant:

The CASB Fellows Program, an educational collaborative between The Consortium for Advanced Studies (CASB) and the Barcelona Group (BG), seeks to promote mutual research cooperation among CASB and BG member institutions and to open new avenues for enhanced professional engagement. The program is open to recent PhD graduates from The University of Barcelona, The Autonomous University of Barcelona and Pompeu Fabra University who are seeking to carry out postdoctoral research in the United States for periods of one to four months.

The following CASB full member institutions serve as receiving institutions for the CASB Fellows Program: **Brown University, The University of Chicago, Stanford University and Northwestern University**

Candidates must send their applications to their home university in Barcelona, according to the following instructions:

At **UAB** applications will be managed and centralized by the University General Register Office (Building A –Rectorate, ground floor- Campus Bellaterra. 08913 Bellaterra. Cerdanyola del Vallès. Barcelona). The Research Management section will be responsible of the applications and contact with candidates.

Contact: Esther Verriest, Manu Pérez-Sala, Tels.: 93 586 8030/ 93 581 1636;  
[incorporacio.mobilitat.agr@uab.cat](mailto:incorporacio.mobilitat.agr@uab.cat)

At **UB** applications will be addressed to the Mobility and International Programs Office (Pavillion "Rosa," Travesera de les Corts, 131-159. 08028. Barcelona) This office will be responsible of the applications and contact with candidates.

Contact: Elodia Guillamón, Telf.: 93 4035381, Fax: 93 403 5387;  
[eguillamon@ub.edu](mailto:eguillamon@ub.edu)

At **UPF** applications will be managed and centralized by the Research Service to Antonio Ruíz

Mercè Rodoreda Building. Ramon Trias, 25-27, 08005 Barcelona

Tel: +34 93 542 21 32; Fax: +34 93 542 14 40

[info.recerca@upf.edu](mailto:info.recerca@upf.edu)

- In all cases pdfs, photocopies and faxes of applications will be accepted, so long as originals follow in the mail within the deadline or are handed in person at the Autònoma University General Register Office (Building A –Rectorate, ground floor- Campus Bellaterra. 08913 Bellaterra. Cerdanyola del Vallès. Barcelona)

**The deadline for the submission of 2010-11 applications is 16 March 2010.** The CASB Barcelona Director will closely liaise with both the CASB full member institutions and the Barcelona Group Selection Committee to ensure the timely review of submitted applications and the notification of selection results. Applicants will be informed of the selection results no later than **June 1, 2010.**

## CASB Fellows Program Application Procedures 2010-2011

The application materials shall consist of the following:

1. Curriculum Vitae
2. Overview of intended research project, specifying the following
  - a. Objective
  - b. Methodology
  - c. Expected contribution to the applicant's field of research
3. Evidence of support from the research group or academic department of the CASB full member institution solicited, specifying the following
  - a. Overview of the group or department's research activities and their relevance to the applicant's intended research activities
  - b. Letter of acceptance or statement of interest in receiving the applicant on the campus for research purposes
4. CASB Fellows visa application form (attached)
5. A copy of a valid passport
6. A signed Insurance Verification Form (attached) Note: This form is not necessary for initial acceptance, but final acceptance is CONTINGENT upon receipt of this form no less than 30 days prior to your planned arrival at the CASB host institution

### **Late applications will not be accepted.**

Final acceptance in the program and use of the funds requires the joint approval of the solicited CASB full member institution and the Barcelona Group Selection Committee.

### **Selection Committee**

The selection committee is comprised of the following Barcelona Group members:

- the coordinator of the Barcelona Group acting as President
- a vicerector of the other two universities of the Barcelona Group

The Selection Committee is responsible for selecting applicants and is the final stage of the selection process.

### **Compatibility with other Grants**

Financial support provided is compatible with other grants. The sum of all financial support obtained should not be major than the total cost of the action.

### **Reporting**

Participants selected must submit a final report about the activities carried out during the stay. It should include a training valuation and the conformity signature of the person in charge of his/her training at the host institution.

### **Documentation Forms:**

- Document 1: CASB Fellows visa application form (Personal Information plus Research Plan Summary)
- Document 2: Health Insurance Verification Form

**APPLICATION INFORMATION FOR PROSPECTIVE CASB FELLOW**

**TO BE COMPLETED BY APPLICANT (Please Print CLEARLY):**

1. Applicant's Surname(s) : \_\_\_\_\_ First name: \_\_\_\_\_

2. Gender: \_\_\_\_\_ Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

3. Place of birth (city & country): \_\_\_\_\_

4. Country of citizenship: \_\_\_\_\_ Country of legal residency: \_\_\_\_\_

5. Permanent Mailing Address: \_\_\_\_\_

6. Home Telephone Number: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

7. Email address: \_\_\_\_\_

8. Field of study: \_\_\_\_\_

9. Highest university degree attained \_\_\_\_\_ Date granted \_\_\_\_\_

10. Preferred CASB Host Institution (check only one):

Brown     University of Chicago     Northwestern University     Stanford University

11. Date of Intended Arrival to CASB Host Institution:

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Date of Intended Departure:    Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

12. Do you intend to bring family members? \* \_\_\_\_\_ If yes, please indicate for each family member:

Name	Citizenship	Place & Date of Birth	Relationship to Visitor
_____	_____	_____	_____
_____	_____	_____	_____

\*Mandatory health insurance is required for visitor and accompanying family members.

13. If you already have a US Social Security Number please enter it here: \_\_\_\_\_

**CASB Fellows Program  
Application Procedures  
Personal Information**

**TO BE COMPLETED BY THE BARCELONA GROUP SELECTION COMMITTEE  
REPRESENTATIVE:**

1. CASB Host Institution Destination: \_\_\_\_\_  
Funding Sources: Total of all funds: \_\_\_\_\_  
From Barcelona Group: Housing \$ \_\_\_\_\_ per month for \_\_\_\_\_ months  
Living stipend \$ \_\_\_\_\_ per month for \_\_\_\_\_ months  
Airfare \$US: \_\_\_\_\_ or round-trip economy \_\_\_\_\_  
Other funding: Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per month
2. Host Department at CASB Receiving Institution: \_\_\_\_\_  
Liaison: \_\_\_\_\_



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**CASB Fellows Program**  
**Application Procedures**  
Research Plan Summary



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**Name:** \_\_\_\_\_

**Field of Interest:** \_\_\_\_\_

**Title of Research Project:** \_\_\_\_\_

**IMPORTANT:** If you hope to conduct research in the applied sciences (engineering, physics, chemistry, biology, etc.) or any other field that requires access to laboratories or specific technical equipment, please know that your project may be extremely difficult to accommodate. To ensure that your project is possible, please include evidence of support from the prospective CASB host institution faculty with your application material.

If you know of a faculty member at your intended CASB institution whose expertise might be particularly helpful for your research in any field, please provide the faculty member's full name and academic department.

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

**Please summarize your research plan in 2-3 typed paragraphs, explaining objective, methodology and expected contribution to your field of research. Attach your summary to this form.**



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**CASB Fellows Program**  
**Application Procedures**  
Insurance Verification Form



## CASB Fellows HEALTH INSURANCE VERIFICATION FORM

**Please complete, sign and return this form up to 30 days prior to arrival at the CASB Host Institution and send to:**

Juan José Romero Marin, Director  
The Consortium for Advanced Studies in Barcelona  
C/Balmes 132, 5a Planta  
08008 Barcelona  
FAX 934 93 542 14 30  
Email: [Juanjo.romero@CASBarcelona.org](mailto:Juanjo.romero@CASBarcelona.org)

**NOTE:** All CASB Fellows are **required** to carry Medical Insurance coverage for themselves and any accompanying spouse and minor children on J visas. At a minimum, insurance coverage shall include: 1) Medical benefits of at least \$50,000 per person per accident or illness. 2) Repatriation of remains in the amount of \$7,500. 3) Expenses associated with medical evacuation in the amount of \$10,000.

CASB Fellows can either contract the Health Insurance suggested by the US host university or contract it through the insurance providers of the home university under the minimum insurance coverage stated above.

### **PART 1: Visitor Information.**

Name: \_\_\_\_\_  
Surname (s)
First
Middle

Local Mailing Address: \_\_\_\_\_

### **PART 2: Policy Information.**

Insurance Company: \_\_\_\_\_

\_\_\_\_\_  
Name of Policy Holder

\_\_\_\_\_  
Policy number

