### APPLICATION FORM

### FOR ASSOCIATE RESEARCHERS

Please complete this form and send it to espol-lab@univ-catholille.fr with a cover letter and your CV (CV only necessary for new applicants).

Title


First Name


Last Name


Address


E-mail



Applicant’s employer and position held by the Applicant:

Other relevant ongoing affiliations:

I apply as a new ESPOL associate researcher.

I wish to renew my status as associate researcher.

Possible activities at ESPOL during your affiliation (research collaboration, contributions to general seminars, conference, brown-bag lunch, etc)

*Only for researchers who wish to renew their affiliation:* What was the added value of your affiliation in the previous affiliation period?

Please, nominate (at least) one member of ESPOL-LAB who could act as your ESPOL ‘liaison officer’