# Networking Grant | Application New Contact

(Important notice: You only need to fill in this form if your contact person respectively contact institution originally stated in the application form has changed.)

# Contact details of the applicant

|  |  |
| --- | --- |
| Name: | Please insert text here. |
| First name: | Please insert text here. |
| Academic degree: | Please insert text here. |
| E-mail: | Please insert text here. |
| Telephone: | Please insert text here. |

# Supervising professor

|  |  |
| --- | --- |
| Name: | Please insert text here. |
| First name: | Please insert text here. |
| Academic degree: | Please insert text here. |
| Institute: | Please insert text here. |
| Division: | Please insert text here. |

# New networking idea/rough implementation plan (about 12 lines)

Please outline your networking idea.

# Your benefit of the contact(s) (about 12 lines)

Please insert text here.

# Reasons for changing the contact(s)

Please insert text here.

# Declaration of the applicant

I hereby confirm that the details that I have provided are correct and that the contact is a new one for me and for my KIT working group as indicated in the [in the application requirements](https://www.khys.kit.edu/english/networking_grant_current_call_for_applications.php) for the KHYS Networking Grant.

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Place, date, signature of the grant recipient

# Confirmation of the supervising professor

I hereby confirm that the new chosen contact person/contact institution seems to be useful for the qualification of the grant recipient. The contact is a new one to the grant recipient and to the KIT working group as indicated in [in the application requirements](https://www.khys.kit.edu/english/networking_grant_current_call_for_applications.php) for the KHYS Networking Grant.

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Place, date, signature of the supervising professor