

INCOMING INTERNATIONAL MOBILITY FORM RESEARCH STAYS – MEE-01 –

Section A includes information on the applicant's personal details, including institutional affiliation. **Section B** describes the foreseen activities and the type of international mobility, including the objectives, activities, and outcomes. **Section C** presents the travel arrangements, including information on specific requirements during the incoming mobility. The gray boxes are for internal use by FLACSO.

SECTION A – PERSONAL INFORMATION

1. PERSONAL IDENTIFICATION

LAST NAMES:	COMMENTS:
NAMES:	
DATE OF BIRTH:	
COUNTRY OF BIRTH:	
NATIONALITY:	FORM No. MEE-01-2025-

PERMANENT ADDRESS	COUNTRY OF RESIDENCE
EMAIL	PHONE (include country code)

EDUCATION LEVEL <input type="checkbox"/> Ph.D. <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's or engineering degree <input type="checkbox"/> Other _____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
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PASSPORT <input type="checkbox"/>	I.D. <input type="checkbox"/>	NUMBER:
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* If you are accepted for international mobility, please include a copy of your identity document.

2. INSTITUTIONAL AFFILIATION

UNIVERSITY OR INSTITUTION
FACULTY, DEPARTMENT, PROGRAM OR PROJECT
ROLE IN THE INSTITUTION OF ORIGIN
CONTACT PERSON (i.e. Supervisor, Thesis Director, Project Coordinator)
CONTACT PERSON EMAIL

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SECTION B – INTERNATIONAL MOBILITY ACTIVITIES

3. FLACSO'S COUNTERPART

CONTACT PERSON	INTERNAL CODE <input type="checkbox"/> IP _____ <input type="checkbox"/> VP _____ <input type="checkbox"/> DM _____ <input type="checkbox"/> DD _____ <input type="checkbox"/> CA _____ <input type="checkbox"/> _____
DEPARTMENT, PROGRAM OR PROJECT	
INTERINSTITUTIONAL AGREEMENT. - <input type="checkbox"/> YES <input type="checkbox"/> NO	

4. TYPE OF INTERNATIONAL MOBILITY ACTIVITY

DURATION TIME <input type="checkbox"/> Short-term (up to 89 days) *No commitment letter required <input type="checkbox"/> Long-term (90 days to 180 days) <input type="checkbox"/> Long-term (181 to 365 days) <input type="checkbox"/> Long-term (more than 366 days) *Requires signing of a commitment letter.	FLACSO'S ROL: <input type="checkbox"/> Doctoral research stay <input type="checkbox"/> Postdoctoral research stay <input type="checkbox"/> Master's research stay <input type="checkbox"/> Research stay Comments:
MAIN WORKING LANGUAGE IN ECUADOR <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Kichwa <input type="checkbox"/> Other _____	OTHER LANGUAGES <input type="checkbox"/> French <input type="checkbox"/> Portuguese <input type="checkbox"/> German <input type="checkbox"/> Other _____

5. OBJECTIVES, ACTIVITIES AND RESULTS

(for long-term stays of more than 90 days, include the full proposal, 5 pages maximum)

PROJECT TITLE
OBJECTIVES (200 words max.):
ACTIVITIES (200 words max.):
RESULT AND IMPACT (200 words max.):

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SECTION C – TRAVEL ARRANGEMENTS

6. INTERNATIONAL MOBILITY DATES

STAY 1	STAY 2 (optional)
START DATE	START DATE
END DATE	END DATE
In the case of multiple stays, please describe the dates and scope of each mission:	

* Dates of arrival and departure refer to academic activities, do not include other personal or leisure activities. Multiple missions might be included in a single form if they relate to the same fellowship, project or agreement.

7. FINANCING

FUNDING COVERED BY: <input type="checkbox"/> Home institution <input type="checkbox"/> International scholarship (award) <input type="checkbox"/> External project (national, international) <input type="checkbox"/> Personal resources <input type="checkbox"/> Other _____	FLACSO covers: <input type="checkbox"/> International transportation <input type="checkbox"/> Local mobilization <input type="checkbox"/> Accommodation <input type="checkbox"/> Travel expenses (per-diem) <input type="checkbox"/> Other _____
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8. REQUIREMENTS

REQUIRES VISA <input type="checkbox"/> YES <input type="checkbox"/> NO	REQUIERES INVITATION LETTER <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS MEDICAL INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO
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* Health insurance is mandatory for all exchange students and research fellows entering the country. Please present a copy of your medical or travel insurance at least one week before your arrival to Ecuador.

ADDRESS IN ECUADOR: * If you know the address at the time of applying. Please indicate if you require information on accommodation.	
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SPECIAL REQUERIMENTS <input type="checkbox"/> Accessibility <input type="checkbox"/> Health conditions <input type="checkbox"/> Allergies <input type="checkbox"/> Other _____	Please describe:
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9. EMERGENCY CONTACT

EMERGENCY CONTACT PERSON	Remarks:
PHONE (include the country code)	
EMAIL	

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COMMITMENT DECLARATION

Herein, I acknowledge that

- ☐ I understand the conditions and requirements for applying for research stays (ANNEX 1) and agree to comply with the established academic obligations.
- ☐ If accepted, I agree to comply with the regulations governing the FLACSO International System, the Code of Ethics, the Research Ethics Code, the Statute and Regulations governing FLACSO Ecuador, and to respect the applicable data protection obligations in compliance with the Ecuadorian Organic Law on Personal Data Protection and its regulations.

Signature:

Date:



FLACSO
ECUADOR