

Institute for Research in the Humanities
University of Wisconsin-Madison
University Club Building
432 East Campus Mall
Madison, WI 53706

Application Form for ACLS Postdoctoral Fellow Residency

1. Name:
2. Dates of requested residency at
Institute:
3. Current Address:
(include 'valid until' date)
4. Permanent Address:
(if different than above)
5. Telephone:
6. Email Address:
7. Place of Birth:
8. Citizenship:
9. Current Institution:
10. Current Rank or Title:
11. Years in Rank:
12. Department:
13. Field of Specialization:
14. Title of ACLS Fellowship Project
and Fellowship (if named
fellowship):
15. Required attachments: 1) Project
proposal as approved by ACLS; 2)
CV; 3) Copy of ACLS reward letter