## Template for proposal of affiliate professor

| 1 | Professorship title <br> '[Speciality] with special focus on xxx ' |  |
| :---: | :---: | :---: |
| 2 | Name of candidate |  |
| 3 | Title |  |
| 4 | Email |  |
| 5 | Institution |  |
| 6 | Birth date |  |
| 7 | Mobile phone number |  |
| 8 | Home address |  |
| 9 | Speciality (fags $\varnothing$ jle) at the Department of Clinical Medicine |  |
| 10 | Names of 2 referees (professors) from the Department of Clinical Medicine (please note: cannot be members of the assessment committee) |  |
| 11 | Assessment committee members <br> Requirements: <br> - One professor from the Department of Clinical Medicine <br> - Two external reviewers (at least one international) <br> - Diversity in gender representation |  |
| 12 | Has the assessment committee members agreed to participate? |  |

Please submit the template to the Department of Clinical Medicine at $\mathrm{ikm@sund.ku.dk}$

The template must be accompanied by the following documents:

- A recommendation including an overall plan for the affiliate professorship with at least 1-2 visits a year by the affiliate professor and a tentative programme containing, for example lectures, interaction with the faculty and pre- and postgraduate students. The recommendation should be signed by two referees (professors) from the Department of Clinical Medicine - including the representing professor.
- Confirmation from the candidate that they are interested in the affiliation (for example acceptance by email).
- CV and a list of publications for the candidate.

