Rebecca Hotchkiss International Scholar Exchange (RHISE) Program
Application Form – Faculty Research Visits

The following form is intended for use by HBI members and visiting scientists from non-Canadian institutions, for travel between current and developing international partners of the HBI as well as collaborations between labs and institutions. Applications may be submitted at any time of the year, but must be received a **minimum of four months prior to the proposed visit**. Applications will be assessed by the HBI International Strategy Committee. Completed application forms and all attachments should be submitted by email as one file to Travis Kerr at travis.kerr@ucalgary.ca.

As a public body, the Hotchkiss Brain Institute (HBI) is regulated by the Freedom of Information and Protection of Privacy Act (FOIPP) of Alberta. As such, all personal data collected will be for HBI internal use ONLY and will not be communicated with anyone outside of the Institute.

Anticipated start and completion dates of visit: *Please note that the RHISE program will only consider funding for non-sabbatical research visits ranging from 1 week up to 1 month in length. Expenses beyond that time frame would normally be the responsibility of the individual researcher, unless an extension is justified and approved.*

Start Date: **Completion Date:**

A. HBI MEMBER DETAILS – APPLICANT OR HOST

Select one: ☐ RHISE Program Applicant ☐ Host Scientist

Name (Surname, First Name & Initial(s)):

Phone: **Email:**

Current CV and Publication List Attached (CV not required for HBI Host Scientists)**:** ☐

B. INTERNATIONAL SCIENTIST DETAILS – APPLICANT OR HOST

Select one: ☐ RHISE Program Applicant ☐ Host Scientist

Name (Surname, First Name & Initial(s)):

Name of Institution:

Complete Mailing Address:

Phone:

Email:

Current CV and Publication List Attached: ☐

C. PROJECT TITLE AND/OR PROPOSED RESEARCH PROJECT – 1-2 pages

HOTCHKISS BRAIN INSTITUTE

UNIVERSITY OF CALGARY

Updated: September 2025

D. ALIGNMENT WITH HBI NEUROTEAMS

Select all that apply:

- ☐ Stress
- ☐ Multiple Sclerosis
- ☐ Stroke
- ☐ Epilepsy
- ☐ Spinal Cord / Nerve Injury & Pain
- ☐ Dementia & Cognitive Disorders
- ☐ Movement Disorders
- ☐ Mental Health
- ☐ Concussion
- ☐ Computational Neuroscience

E. LETTER OF SUPPORT – NEUROTEAM LEADER

Please attach a brief letter of support from the appropriate HBI NeuroTeam Leader. This letter should provide context with regard to the group benefit of the proposed exchange.

Letter of support attached? ☐ Yes ☐ No

If no, please explain:

F. OUTCOMES AND OBJECTIVES

Indicate in detail the desired outcomes and benefit of this exchange to the HBI's research and education programs and goals. Include specific details such as draft itineraries, possible meetings and delivery of seminars or workshops.

G. BUDGETARY INFORMATION

It is expected that PIs seeking RHISE funding for a research visit will contribute to the overall expenses, either through use of existing funds and/or by applying for additional travel funding to subsidize expenses.

Expense Description	**Proposed Costs** *(Please attach quotes when possible)*	**Anticipated Revenue Sources** *(Please indicate pending or confirmed)*
	$	RHISE (pending)
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
Total:		**$**

H. ADDITIONAL NOTES

If applicable, include any additional notes or details for consideration below.