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|  | **Application Form****Application of doctoral students for a Dr.rer.nat. with a supervisor of the Faculty of Medicine** |

Thank you for your application.

The “Forschungsdekanat” (Office of the Associate Dean for Scientific Affairs) of the Medical Faculty of the University of Cologne will handle your application. You will be invited for an interview to an upcoming meeting of the IPMM/GSfBS Selection Committee composed of members of the Faculty of Mathematics and Natural Sciences and the Faculty of Medicine.

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| **PART I****Personal History** |
|  |
| **Personal Data** |
| Family Name | First Name |
|       |  |       |
| Date of Birth (dd.mm.yyyy) | Place of Birth | Sex | Registration No. of University of Cologne, if registered (optional) |
|       |  |       |  |  |  |       |
| **Postal Address** |
| Postal Code | City | Street |
|       |  |       |  |       |
| Phone Home  | Phone Lab  | Cell Phone  | E-Mail  |
|       |  |       |  |       |  |       |
| **Academic Record** |
| Academic Degree, Subject (e.g.: M.Sc. in Biology) | University  |
|        |  |       |
| City  | Country  |
|       |  |       |
|  |  |  |
| Title of Diploma-, Master -Thesis or equivalent Degree |  | Overall final Grade |
|       |  |       |
|  |
| **Member of specialized Sub-Program** |
| No |  | Yes |  | Please select - Name of Program |  |
| [ ]  |  | [ ]  |  |  |       |
|  |
| **Reference I** |  |  | **Reference II** |
| Name |       |  | Name |       |
|  |  |  |  |  |
| Postal Address |       |  | Postal Address |       |
|  |  |  |  |  |
| Phone |       |  | Phone |       |
|  |  |  |  |  |
| E-Mail |       |  | E-Mail |       |

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| **PART II****Doctoral Proposal** |
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| **Direct Supervisor** |  |  |
| Doctoral Qualification | Family Name | First Name |
|        |  |       |  |       |
|  |
| **Formal Supervisor\*** |  |  |
| Doctoral Qualification | Family Name | First Name |
|        |  |       |  |       |
| **\***in case your direct supervisor does not hold a professorship, a formal supervisor has to be named. The formal supervisor will serve as first reviewer of your dissertation and she / he must hold a professorship at the Medical Faculty of the University of Cologne. |
|  |
| **Institute / Department of Direct Supervisor** |
| Name |
|  |
|  |  |  |  |  |
| Postal Code | Street |  | City |  |
|       |  |       |  |       |
|  |  |  |  |  |
| Phone Office |  |  | E-Mail |  |
|       |  |       |
|  |  |  |  |  |
| **Title of Doctoral Thesis Proposal** |
|       |
|  |
| **Beginning of Thesis Work** |       |  |
|  |  |
| **Funding** |  |
| Source |  Funding-Code/ Grant-Nr. |
|       |  |       |  |
|  |  |
| Funding Period |  |
|  |  |

This form has been installed recently. We appreciate any kind of feedback.

Thank you!