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|  | **Interdisciplinary Program Molecular Medicine****University of Cologne**Chair - Math.-Nat. Faculty: Prof. Elena Rugarli (Institute for Genetics)Chair - Medical Faculty: Prof. Mats Paulsson (Institute for Biochemistry)Program Coordination: Dr. Christoph Aszyk (Application & Graduation Procedure)PD Dr. Catherin Niemann (Scientific Curriculum)ZMMK-Forschungsgebäude – Robert-Koch-Str. 21 – 50931 Cologne, GermanyPhone +(49) 221 478 98435 – Fax +(49) 221 478 3560<http://www.cmmc-uni-koeln.de/ipmm/>  |

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| **Application Form****Interdisciplinary Program Molecular Medicine (IPMM)****University of Cologne** |
| **PART I****Personal History** |
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| **Personal Data** |
| Family Name | First Name |
|       |  |       |
| Date of Birth (dd.mm.yyyy) | Place of Birth | Sex |
|       |  |       |  |  |  |
| **Postal Address** |
| Postal Code | City | Street |
|       |  |       |  |       |
| Phone (optional) | Phone Lab  | E-Mail | Registration No of University, if registered |
|       |  |       |  |       |  |       |
| **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 |  |
| [ ]  |  | [ ]  |  |  |       |
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| **Reference I** |  |  | **Reference II** |
| Name |       |  | Name |       |
|  |  |  |  |  |
| Postal Address |       |  | Postal Address |       |
|  |  |  |  |  |
| Phone |       |  | Phone |       |
|  |  |  |  |  |
| E-Mail |       |  | E-Mail |       |

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| **Application Form****Interdisciplinary Program Molecular Medicine (IPMM)****University of Cologne** |
| **PART II****Doctoral Proposal** |
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| **Supervisor** |  |  |
| Doctoral Qualification | Family Name | First Name |
|        |  |       |  |       |
|  |
| **Institute / Department** |
| Name |
|  |
|  |  |  |  |  |
| Postal Code | Street |  | City |  |
|       |  |       |  |       |
|  |  |  |  |  |
| Phone Office |       |  | E-Mail |       |
|  |  |  |  |  |
| **Title of Doctoral Thesis Proposal** |
|       |
|  |
| **Beginning of Thesis Work** |       |  |
|  |  |
| **Funding** |  |
| Source |  Funding-Code/ Grant-Nr. |
|       |  |       |  |
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| Funding Period |  |
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