University of Regensburg Faculty of Biology and Pre-Clinical Medicine

Application

for PhD study in the Faculty of Biology and Pre-Clinical Medicine
and admission to the Regensburg International Graduate School of Life Sciences

| Applicant's Personal Data | |
|------------------------------------|--|
| Last Name, First Name(s) | |
| Date & Place of Birth, Nationality | |
| Private Address Street | |
| Postal Code, City | |
| Phone | |
| Faculty / Institute / Department | |
| Group | |
| Room no. | |
| Phone (office / lab) | |
| E-Mail Institutional | |
| Private (optional) | |
| | (please check preferred) |
| Study and Degrees | |
| Study, Location | |
| Degree (Diploma, MSc in ?) | |
| PhD Project and Supervisor | |
| Section | ☐ Cellular Biochemistry and Biophysics ☐ Biomedicine |
| | ☐ Molecular Ecology and Evolution ☐ Neurobiology |
| Supervisor (Last and First Name) | |
| Faculty / Institute / Department | |
| Room no. | |
| Phone | |
| Email | |
| Title of Dissertation | |
| Begin of Dissertation | |

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| Financing of Position | University / Country (Hausstelle) |
|---|---|
| | ☐ DFG-Project (AZ :) |
| | Other Grants: |
| | |
| Account nr. for doctoral fee (Kostenstelle für Doktorand/- innengebühr / Kopfpauschale – nur TG 40!) – only for members of the Faculty of Biology and Pre-Clinical Medicine | Signature account holder (may differ from supervisor) (Unterschrift Kostenstelleninhaber - kann von Betreuer/-in abweichend sein) |
| Membership in SFB/TRR/GRK or similar (name of the research unit) | |
| Mentors | |
| 1. Mentor (The first mentor should be a person within the UR who is not specialized in the subject area) | |
| Last Name, First Name | |
| Field of Study | |
| Faculty / Institute / Department | |
| Room no. | |
| Phone | |
| Email | |
| 2. Mentor (The second mentor should be a person outside the UR who is specialized in the subject area) | |
| Last Name, First Name | |
| | (e.g. Dr. rer. nat., Dr. med., Ph.D.) |
| Field of Expertise | |
| Academic Degree | |
| University (incl. Institute, | |
| Department) | |
| or Research Institution | |
| Street Address | |
| Postal Code and City | |
| Phone | |
| Email | |

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| Space for Additional Information and Remarks | | |
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| Documents which must be upleaded on Campus portal of the University of Regenshurg | | |
| Documents which must be uploaded on <u>Campus portal of the University of Regensburg</u> | | |
| Application form | | |
| Master or Diploma Certificates (Zeugnis) (or equivalent) and Official Document (Urkunde) | | |
| ☐ Curriculum Vitae | | |
| Research Plan (about 3 pages) | | |
| ☐ Privacy Policy | | |
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| | | |
| Signatures | | |
| Candidate | | |
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| | | |
| | | |
| Supervisor | | |
| | | |
| | | |
| Application received | | |

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