



– Landesgraduiertenförderung program –

Application Form - Individual doctoral fellowship

Technical information for completing this form:

Please save this PDF on your computer **both before and after** filling it out in order to ensure that your data is transferred correctly.

Mac OS users: Please use the [Adobe Reader for Macintosh](#) rather than the integrated Mac OS Preview. Using the Preview may cause your data to be incorrectly displayed in Windows.

Procedure and contact:

Please submit this form with the necessary documents to the Graduate Academy:

ga-lgf@uni-heidelberg.de

Personal information

Form of address

Last name Ms Mr

Birth name (if applicable)

Place of birth

Citizenship

First name

Date of birth

____-____-____
dd mm yyyy

Country of birth

Mailing address

c/o _____

Street, no. _____

Code, city _____

Country _____

Phone _____

Email _____

Further place of residence, if applicable

c/o _____

Street, no. _____

Code, city _____

Country _____

Phone _____

Degree completed to this date

Highest academic degree

- from Germany
 Bachelor *Universität*
 Bachelor *Fachhochschule*
 Master *Universität*
 Master *Fachhochschule*
 Diplom *Universität*
 Diplom *Fachhochschule*
 Magister *Universität*
 Staatsexamen
 foreign degree

Date of final exam

 Month Year

1st major subject _____ Grade _____
 2nd major subject _____ Grade _____
 minor subject _____ Grade _____

Information regarding doctoral training

Admitted as a doctoral candidate to the following University faculty

Name of your doctoral program

(Expected) date of admission as a doctoral candidate

Doctoral supervisor

Discipline/Subject

Doctoral supervisor's institute

(Working) title of your doctoral thesis

Planned date of completion

Number of semesters of doctoral training completed to this date

Total number of semesters of university study completed to this date _____

Desired duration of fellowship (max. 36 months)

Duration: from _____ to _____ months: _____
 dd mm yyyy dd mm yyyy

Affirmation

- I hereby confirm that the information provided in this form as well as in all further application documents is correct and complete. I will immediately inform the Graduate Academy of any changes or amendments pertaining to the payment of my fellowship.
- I agree that my application data will be saved and used for the administration of the fellowship in accordance with Art. 6 Paragraph 1 lit. a EU Data Protection Basic Regulation (DSGVO).

Attachment

- Certificate of admission as a doctoral candidate to your faculty (if applicable)

_____ Place and date

_____ Signature