



GRADUIERTEN-  
AKADEMIE



UNIVERSITÄT  
HEIDELBERG  
ZUKUNFT  
SEIT 1386

**Health insurance subsidy within the  
Landesgraduierföderung (LGF) program  
Confirmation of Acceptance**

Please submit this confirmation of acceptance with your original signature by postal mail, in person or as a scanned document via email to the Graduate Academy:

Graduate Academy Heidelberg University  
LGF program  
Im Neuenheimer Feld 370  
69120 Heidelberg

Email: [ga-lgf@uni-heidelberg.de](mailto:ga-lgf@uni-heidelberg.de)

Please contact us if you have any questions:

Email: [ga-lgf@uni-heidelberg.de](mailto:ga-lgf@uni-heidelberg.de)

**LGF program**

**Az.: 9127.1**

**Confirmation of acceptance of the health insurance subsidy**

\_\_\_\_\_  
Last name, first name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Date of the grant letter (DD.MM.YYYY)

I hereby accept the health insurance subsidy within the LGF program awarded by the Heidelberg University Graduate Academy. I will adhere to the guidelines set out by the legal basis of this funding provided by the Landesgraduierföderungsgesetz (LGFG) (the act governing funding for doctoral education) from 23.07.2008 and the statutes for the implementation of the LGFG at Heidelberg University dated 17.07.2024.<sup>1</sup> I waive my right to appeal the funding decision.

\_\_\_\_\_  
Location, Date

\_\_\_\_\_  
Signature

<sup>1</sup> The legal basis for the award of the funding within the LGF program is available on the following website: [www.graduateacademy.uni-heidelberg.de/foerderung/landesgraduierföderung\\_en.html#Statutes](http://www.graduateacademy.uni-heidelberg.de/foerderung/landesgraduierföderung_en.html#Statutes)