



Personal Information – Fellowship Recipients Within an LGF- Research Training Group

Please save this PDF file on your computer before filling out the form in order to ensure that your data is transmitted correctly.

After filling out the form, please re-save the file and send it by postal mail to the Graduate Academy: Universität Heidelberg – Graduiertenakademie – Im Neuenheimer Feld 370 – 69120 Heidelberg, Germany. If you have questions, please contact the team of the LGF program: ga-igf@uni-heidelberg.de

For Mac OS users:

Please use [Adobe Reader for Macintosh](#) to fill out and save the form. Forms filled out with the integrated PDF preview from Mac OS may not display correctly in Windows.

Personal information

Form of address Ms Mr

Last name _____

First name _____

Birth name (if applicable) _____

Date of birth

_____-_____-_____
dd mm yyyy

Place of birth _____

Country of birth _____

Citizenship _____

Student registration no. (Heidelberg University) _____

Mailing address

c/o _____

Street, no. _____

Code, city _____

Country _____

Phone _____

E-mail _____

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 _____

