



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 post to:
Universität Heidelberg – Graduiertenakademie – Seminarstrasse 2 – 69117 Heidelberg, Germany
For any inquiries please call +49 6221 54 19761.

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 _____

Information regarding doctoral trainingAdmitted as a doctoral candidate to the following
University faculty

Name of your research training group

Date of admission as a doctoral candidate

Doctoral supervisor

Discipline

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 have read and understood the text of the *Landesgraduiertenförderungsgesetz* (statute of Baden-Württemberg governing post-graduate funding) from 23 July 2008 as well as the statutes for the execution of the law governing the advancement of young researchers at the University of Heidelberg from 10 November 2010.
- I agree that my application data will be saved and used for the administration of the fellowship.

Attachment

- Certificate of admission as a doctoral candidate to your faculty

Place and date_____
Signature