Application Form for

**Master-2-PhD Scholarship**

**(Aspirant Grant)**

within the KIT-AUTh Cooperation

1. **Details of the aspirant / Applicant**

## Contact details of aspirant

|  |  |
| --- | --- |
| Form of address (Mr./Ms.) |  |
| Surname |  |
| First name |  |
| Date of birth |  |
| Place of birth |  |
| Nationality |  |
| Academic degree |  |
| Phone |  |
| Email |  |
| Faculty |  |
| Institute, if applicable |  |

## Academic degrees of the aspirant

**Bachelor’s degree**

|  |  |
| --- | --- |
| Discipline of Bachelor’s degree (e.g., mathematics, electrical engineering): |  |
| English translation for title of Bachelor’s degree: |  |
| University of Bachelor’s degree, city, country: |  |
| Regular duration of Bachelor’s course (mm/yyyy – mm/yyyy) |  |
| Grade for Bachelor’s degree: |  |

**Master’s degree**

|  |  |
| --- | --- |
| Discipline of Master’s degree |  |
| English translation for title of  (expected) Master’s degree |  |
| Beginning of Master’s course |  |
| (Expected) end of Master’s course |  |
| Have you written/Will you write a Master’s thesis? |  |
| (Current) grade for Master’s degree |  |
| Current occupation |  |

## Contact details of supervisor at AUTh

|  |  |
| --- | --- |
| Form of address (Mr./Ms.) |  |
| Surname |  |
| First name |  |
| Academic degree |  |
| Institute |  |
| Department / Faculty |  |
| Phone: |  |
| Email: |  |
| Field of responsibility,  if applicable: |  |

## Motivation for coming to KIT

## Declaration aspirant

I hereby confirm that the details provided are correct and complete and that I have declared all other funding that I receive for the project in question. Should I receive any further funding, related to the scope and topic of this proposal, I will immediately notify the graduate school GRACE.

I also confirm that I acknowledge the Privacy Policy for applications as of June 2021 ([download from GRACE website](https://www.grace.kit.edu/downloads/PrivacyPolicy.pdf)). I agree that GRACE may contact me for evaluation and follow-up purposes.

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Place, date Signature aspirant   
(a digital signature is sufficient)

1. **Details of KIT HOST**
2. Contact details of inviting supervisor at KIT

|  |  |
| --- | --- |
| Form of address (Mr./Ms.) |  |
| Surname: |  |
| First name: |  |
| Academic degree: |  |
| Campus (CN/CS): |  |
| Institute: |  |
| KIT Department („Fakultät“) |  |
| Phone: |  |
| Email: |  |
| Start of doctoral research period: |  |
| Expected end of doctoral research period: |  |

1. **Details of Research stay**

## Timing of the stay

|  |  |
| --- | --- |
| From |  |
| Until |  |
| Duration |  |

## Activities/plans for the aspirant’s stay at KIT (A detailed research outline should be submitted as separate document.)

## Avoidance of double funding

I confirm that the aspirant does not receive funding from a different institution for the same purpose. Examples of funding include remuneration from a KIT institute or working group, remuneration from the home institute, or support from other funding institutions.

The aspirant will receive additional funding. Please state the type of funding:

## If applicable, describe the previous cooperation between the inviting KIT host institute and the aspirant / the aspirant’s institute

## Reasons for inviting this particular aspirant

## Declaration KIT host

I hereby confirm that the details provided are correct and complete. I also confirm that I acknowledge the Privacy Policy for applications as of June 2020 ([download from GRACE website](https://www.grace.kit.edu/downloads/PrivacyPolicy.pdf)). In addition, I agree that GRACE may contact me for evaluation and follow-up purposes.

……………………………………………..……. ………….……………………………………………..

Place, date Signature of the KIT host   
 (a digital signature is sufficient)