**Application for**  **CIDAS-Membership**

**Associated Membership/Affiliation CIDAS**

To the board of the CIDAS

Georg-August-University of Göttingen

Goldschmidtstr. 1

37077 Göttingen

cidas@uni-goettingen.de

Sponsored as a member by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First Name, Surname, Faculty, Department/Institution)

**Details of the applicant[[1]](#footnote-1)**

First name, Surname:

Department, Faculty:

Address:

Phone:

E-Mail:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Work contract longer than 6 months? |  | Yes |  | No |
| Working at least part-time (min. 50%)? |  | Yes |  | No |

**Status group at the Georg-August-University:**

(A min. of 50% needs to be allocated to a certain status group)

|  |  |
| --- | --- |
| University professors |  |
| Students |  |
| Employees (e.g. Postdocs, lecturers) |  |
| Technical and administrative staff |  |

With the admission as a member of CIDAS I commit myself to actively contribute to CIDAS and to participate in teaching, projects and external presentation. The current membership regulations apply.

**Description of the objectives pursued in and contributions to CIDAS**

Teaching:

Projects and third-party funding:

Public image:

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Place, Date Signature of the applicant

Application accepted by CIDAS board.

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Place, Date Signature of a board member

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1. In case of changes I will immediately inform the executive management of the CIDAS. [↑](#footnote-ref-1)