



Application form for assumption of the costs for the HD certificate program

1. Personal information:				
Last name:		First name:		
Date of birth:	Place of birth:			
Address:				
Email:			Phone number:	
Subject area:				
Title of the dissertation project:				
Date of acceptance as doctoral candida	ate from Dean's office:			
Studying at the University of Göttinger	n for the degree:			
I am an employee at the University	of Göttingen	100%	TV-L 13	Part-time
Organisation unit (institute, coll centre, research project, etc.):	ege,			
I am/was fellow at the following fo	undation:]
No doctoral sponsorship or employ	ment at the university			
2. Application I apply for the assumption of the cost	s for the certificate pro	ogramme run:		
starting in summer semester winter semester				
Amount of fees (in Euro):				

e and date		Signature			
ase send all documents, among them an	approval h	ov at least one super	visor, as well as cor	nfirmation of applic	ation/participatio

If you have any further queries, please do not hesitate to contact us via email: gsgg@uni-goettingen.de or by phone: +49 (0) 551-39-

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