



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 | | | |
|---------------------------------------|------------|-----------------------|-----------------------|----------------------|--------------------|
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| | | | | | |
| 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-

21120