**Application for Admission to the Graduate School of Science and**

**Technology (GSST)**

Please **complete, sign** and **return** the form and attachments to:

**GSST Office**, Dr. Stephan Schröder-Köhne, Hubland Nord, Beatrice-Edgell-Weg 21, 97074 Würzburg.

For inquiries please call 0931-31-86068

Name:

Street:

City:

ZIP Code:

Country:

Date of Birth (dd/mm/yyyy):   /  /

Nationality:

E-mail (@ University of Würzburg, if available): schroder-koehne@uni-wuerzburg.de

Male , female , diverse

Have you ever been enrolled at the University of Würzburg? Yes , no ; **if yes**

* when were you last enrolled?
* Matriculation number at University of Würzburg:

Actual start date of the thesis project:   /  /

I apply for admission to the GSST as a doctoral researcher in order to pursue the degree Dr. rer. nat.

I declare that I *(please tick appropriate box, and explain where necessary)*

have already obtained the following doctoral degree:

have previously attempted to obtain a doctoral degree:

have not yet attempted to obtain a doctoral degree

In line with the application requirements I submit the following documents:

* Original or certified copy\* of **degrees and academic records**, including school leaving/university entrance certificate (z.B. German “Abitur”)

If your previous degree did **NOT** require a thesis:

* (electronic) copy of major laboratory report / project report or similar  
  *(background: admission to the GSST doctoral phase requires a Master thesis or a major project report equivalent to a Master thesis)*
* Signed Curriculum Vitae outlining education
* Signed “Advisor Confirmation Form”
* List of previous publications (if applicable)

---

\* if you bring originals, we can make copies and give you back the originals

**Research training program** (please specify: faculty-specific program, GK, SFB, TR etc.):

**Preliminary title of doctoral thesis:**

**Advisory Committee** (two advisors need to be [members of the GSST](https://uwgs.opencampus.net/gsst-member-pi))

Name of **Primary Advisor**:

Address (University):

E-mail:

Telephone number:

Name of **Advisor** (Second):

Address (University):

E-mail:

Telephone number:

Name of **Advisor** (Third):

Address (University):

E-mail:

Telephone number:

Date:   /  /

Signature: