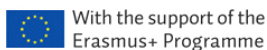


PhD Support Programme
„The European Union, Central Asia and the Caucasus in the International System“
(EUCACIS)



– Application Form 2016 –

Dear applicant,

please fill in the application form and submit it, together with all required documents, via E-Mail to info@eucacis.eu. **Deadline** for application is **16 May 2016** !

1. Personal details

a. Personal data

First name: _____

Last name: _____

Gender:

male

female

Birthday (YYYY-MM-DD): _____

Country, City of birth: _____

Nationality: _____

b. Permanent address / contact

Address: _____

Postal code: _____

City: _____

Country: _____

Phone: _____

Fax (optional): _____

E-Mail: _____

Skype (optional): _____

Current residence is different:

no yes, namely:

c. Language skills

Mother tongue(s): _____

Your spoken English is: basic good excellent fluent

Your written English is: basic good excellent fluent

Knowledge of further languages:

_____ : basic good excellent fluent

_____ : basic good excellent fluent

_____ : basic good excellent fluent

2. Education and academic background

a. Your highest academic degree

Duration of studies (MM/YY – MM/YY): _____

Title of the degree in its original language:

Translation of title into English:

Academic discipline: _____

Name of the university: _____

Faculty or department: _____

City, country: _____

b. Further academic degree

Duration of studies (MM/YY – MM/YY): _____

Title of the degree in its original language:

Translation of title into English:

Academic discipline: _____

Name of the university: _____

Faculty or department: _____

City, country: _____

c. Further academic degree

Duration of studies (MM/YY – MM/YY): _____

Title of the degree in its original language:

Translation of title into English:

Academic discipline: _____

Name of the university: _____

Faculty or department: _____

City, country: _____

3. Professional experience

a. Your current professional position

Job title: _____

Name of employer: _____

Address of employer: _____

Volume of employment: full time part time, hours per week: _____

Employment since: _____

b. Past professional position

Job title: _____
Name of employer: _____
Address of employer: _____

Duration (MM/YY – MM/YY): _____

c. Past professional position

Job title: _____
Name of employer: _____
Address of employer: _____

Duration (MM/YY – MM/YY): _____

d. Past professional position

Job title: _____
Name of employer: _____
Address of employer: _____

Duration (MM/YY – MM/YY): _____

4. Doctoral project

Working title of the doctoral project:

Academic discipline: _____

University of enrolment as doctoral student (name, city, country):

5. Supervisor of the doctoral thesis

Name of the supervisor: _____

Academic degrees: _____

University/department: _____

Address: _____

Phone: _____

Fax (optional): _____

E-Mail: _____

Skype (optional): _____

6. Please name two referees who can estimate your academic and/or professional performance!

a. Referee 1

Name: _____

Academic degrees: _____

Institution: _____

Position: _____

Address: _____

Phone: _____

Fax (optional): _____

E-Mail: _____

Skype (optional): _____

b. Referee 2

Name: _____

Academic degrees: _____

Institution: _____

Position: _____

Address: _____

Phone: _____

Fax (optional): _____

E-Mail: _____

Skype (optional): _____

7. Your motivation: Please state *why* you want to participate in this program (Sign Limit: 2000)!

8. Further comments (Sign Limit: 1000)