

Application

PhD/Postdoc Career Center at Osnabrück University (ZePrOs) Neuer Graben 7/9 49074 Osnabrück The services offered by the PhD/Postdoc Career Center are open to all doctoral students and postdocs at Osnabrück University. Please complete this application form if you would like to make use of our services and send it back to us with your original signature. For questions about doing a doctorate at Osnabrück University or suggestions concerning our offerings please contact our Office by phone (0541/ 969-6221) or email: zepros@uos.de.

| | Office by phone (0541/ 969-6221) or email: zepros@uos.de. | | | |
|--|---|------|------------------------|----------------|
| Personal details | Ms.: | Mr.: | Diverse: | Not specified: |
| Surname(s): | | | First name(s): | Date of birth: |
| Address: | | | | Nationality: |
| E-Mail: | | | Phone: | Mobile: |
| Registration number (if available): | | | Highest qualification: | |
| Information about your dissertation project Topic of dissertation: | | | | |
| Discipline in which doctorate is to be awarded: | | | | School: |
| Start of doctoral dissertation: | Expected completion date: | | | |
| My first supervisor is: | My second supervisor is: | | | |
| I am an academic staff member at (Institute/School): | I am a scholarship holder of: | | | |
| I am pursuing a doctorate independently outside the university at (company): | I am pursuing a doctorate independently: | | | |
| I hereby apply for admission to the PhD/Postdoc Career Center services | | | | |
| | Place | Da | nte | Signature |
| I enclose the following documents Copy of registration certificate card or confirmation of supervision: | is enclosed: | v | vill be submitted by: | |
| I hereby agree to my e-mail address being included in the PhD/Postdoc Career Center mailing list. Yes No | | | | |
| | Place | Da | ate | Signature |

