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| **The application form must be submitted by E-mail to** [**CavX@i-med.ac.at**](mailto:CavX@i-med.ac.at) |

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| **General Information:** | | | | | | | | |
| Applicant | | | | | | | | |
| Title: | | First (given) name: | | | Last (family) name: | | | |
| Age: | | Date of birth (dd/mm/yyyy):    /  / | | | Nationality: | | | |
| Gender: | | Family status: | | | Number of children: | | | |
| E-Mail: | | | | Phone number: | | | Fax number: | |
| Native language: | | | | English language: | | | German language[[1]](#footnote-1): | |
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| Field of degree: | | | | | | | | |
| Degree (highest): | | | Subject/field: | | | Date issued (dd/mm/yyyy):    /  / | | |
| Degree (other): | | | Subject/field: | | | Date issued (dd/mm/yyyy):    /  / | | |
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| Application for CavX project: | | | | | | | | |
| *First choice[[2]](#footnote-2)* | | | | | | | | |
| Project number: | Project title: | | | | | | | Project leader: |
| *Second choice* | | | | | | | | |
| Project number: | Project title: | | | | | | | Project leader: |

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| Home address: | | |
| Street, number: | | |
| Postal code: | City / Province: | Country: |

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| Institutional address: | | | | | |
| Institution: | | | | | |
| Department: | | | | | |
| Street, number: | | | | | |
| Postal code: | City / Province: | | Country: | | |
|  | | | | | |
| Education: (*beginning with most recent*) | | | | | |
| Current occupation (if other than pre-doctoral studies): | | | | Starting date (mm/yyyy):    / | |
| Institution / company: | | | | | |
| Comments | | | | | |
|  | | | | | |
| Pre-doctoral studies (subject): | | Degree: | | Date issued (dd/mm/yyyy):    /  / | |
| Institution / company: | | | | | |
| Comments | | | | | |
|  | | | | | |
| Undergraduate studies (subject): | | Degree: | | Date issued (dd/mm/yyyy):    /  / | |
| Institution: | | | | | |
| Comments | | | | | |
|  | | | | | |
| High school: | | | | | Graduation (dd/mm/yyyy):    /  / |

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| Declaration/Signature: | | |
| By checking this box and by signing below, I certify that the information submitted for this proposal is accurate and complete and that I hold all original signatures required. I further certify that I have informed both referees listed below and that they have agreed to fill out an evaluation as requested by the programme office. I understand that any false declaration or incomplete information will lead to the rejection of my proposal or termination of a contract. | | |
| Date signed: (dd/mm/yyyy)    /  / | Name (typed): | Signature (digital signature or print/scan this page in and submit in addition to the electronic form): |

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| **Information on chosen PhD projects (first choice)** | | |
| Applicant: | Name: | |
| Project number: | Project title: | Project leader: |
| Explain your reasons for choosing this project and your expectations from doing your PhD work in the selected laboratory (max 1500 characters): | | |
| Qualifications for this project (e.g.: Molecular biology, immunofluorescence, cell culture, etc.) | | How was this qualification acquired? |
| Have you previously been working in the project leader’s laboratory? Yes  No  If yes, how long? | | |

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| **Information on chosen PhD projects (second choice)** | | |
| Applicant: | Name: | |
| Project number: | Project title: | Project leader: |
| Explain your reasons for choosing this project and your expectations from doing your PhD work in the selected laboratory (max 1500 characters): | | |
| Qualifications for this project (e.g.: Molecular biology, immunofluorescence, cell culture, etc.) | | How was this qualification acquired? |
| Have you previously been working in the project leader’s laboratory? Yes  No  If yes, how long? | | |

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| **Additional qualifications and information** *(optional, you don’t have to fill this out)* | |
| Applicant: | Name: |
| Further relevant qualifications (Publications, meeting presentations, special courses, work experience, test scores, awards, honors…etc.): | |
| Personal interests (Hobbies, sports, memberships…etc.): | |
| Your comments and other relevant information: | |

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| **Referees** | | | | | | | |
| Applicant: | | | Name: | | | | |
| Please provide the names and contact information of two experienced scientists who can evaluate your qualification for this graduate program: *Important: Please get their consent before entering their names!* | | | | | | | |
| *First referee* | | | | | | | |
| Title: | First (given) name: | | | | Last (family) name: | | |
| Position: | | | | | Relation to applicant (e.g. master’s thesis advisor, lecturer…): | | |
| Institution: | | | | | | | |
| Department: | | | | | | | |
| Street, number: | | | | | | | |
| Postal code: | City / Province: | | | | | | Country: |
| E-Mail: | | | | Phone number: | | Fax number: | |
| *Second referee* | | | | | | | |
| Title: | | First (given) name: | | | Last (family) name: | | |
| Position: | | | | | Relation to applicant (e.g. master’s thesis advisor, lecturer…): | | |
| Institution: | | | | | | | |
| Department: | | | | | | | |
| Street, number: | | | | | | | |
| Postal code: | City / Province: | | | | | | Country: |
| E-Mail: | | | | Phone number: | | Fax number: | |
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**Submit the complete application form by email to** [**CavX@i-med.ac.at**](mailto:CavX@i-med.ac.at)

1. no requirement [↑](#footnote-ref-1)
2. each applicant must apply for one or two of the indicated projects. The choice has to match the applicant’s qualifications and needs to be justified in part C. [↑](#footnote-ref-2)