

Request Form for State Graduate Funding from State Funds

1. Applicant		
Surname, first name(s)		
Date of birth	Nationality	Marital status
Private address		Telephone no. (incl. area code):
		email:
Current position/job with number of weekly work hours		
Employer <small>(please provide details of all periods of employment after completion of studies, if necessary on an extra sheet of paper)</small>		Work telephone no. (incl. area code)
Number and age of child(ren) (please enclose a copy of the birth certificate(s))		
Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Do(es) the child(ren) live in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name and address of the other parent		
Is the other parent receiving or requesting a scholarship? <input type="checkbox"/> Yes If yes, from which institution and what kind of a scholarship is it? _____ <input type="checkbox"/> No		
Bank Details		
Bank: _____		
BIC/SWIFT-Code: _____		
IBAN: _____		
Account Holder: _____ <small>(if different to applicant)</small>		

2. Academic Career		
2.1	Higher education entrance qualification (when, where?)	
2.2	Tertiary education (subjects, universities, length of studies)	
	Which university degrees have you obtained?	Number of subject semesters
	Where?	
2.3	Academic examinations (when, where, under whom, grade?) (please enclose proof as appendices)	
2.4	Have you already obtained a doctorate? <input type="checkbox"/> No <input type="checkbox"/> Yes, on the topic of: (please name)	
2.5	Student ID Number as Doctoral Student	
3. Doctoral Project		
Topic (please be concise and precise)		
Planned start of funding and length of funding (from - to) (Usually the funding starts on the date advertised in the announcement)		
Where and under whose supervision do you plan to work for the duration of your scholarship?		
4. Is the Doctoral Project Part of a Special Research Structure?		
No <input type="checkbox"/>	Yes, in <input type="checkbox"/> DFG - Research Training Group <input type="checkbox"/> DFG - Collaborative Research Centre <input type="checkbox"/> Helmholtz Research School <input type="checkbox"/> other (please provide details: e.g. university Research Training Group, structured doctoral degree, interdisciplinary faculty)	
5. Have You Already Registered at the University of Greifswald's Graduate Academy?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		

6. Has the Project Already Been Granted Funds by Public Institutions, a Foundation, an Association or Similar?	
<input type="checkbox"/> Yes, by <input type="checkbox"/>	File reference number for funding:
Have you (previously) submitted a funding request for the topic named under 3. to any other institution? <input type="checkbox"/> Yes, to (please provide details of the period, type and amount of [requested] funding, processing status, date of [expected] decision, if necessary on an extra sheet of paper) <input type="checkbox"/> No (I will inform you immediately if I am to submit a funding request to another institution).	
7.1 Responsible <i>Finanzamt</i> (Revenue Office):	
7.2 Your tax identification number:	

Appendices:

- tabular CV
- legally attested copy of your university degree certificate, if applicable transcript of records and/or other academic achievements
- Description of project/concept (with reasons for the choice of topic, current state of preparations, objectives, methodical approach, focus areas, timeframe, predicted length of processing, name of academic supervisor(s))
- Assessment from the academic supervisor (professor or *Privatdozent* at the University of Greifswald or at one of the State of Mecklenburg-Vorpommern's other universities) (with details of difficulty, academic significance of the planned project, links to key fields of research of the future or similar, evaluation of the applicant with regard to his/her suitability for the aspired academic qualification)
- Second assessment of a further member of university teaching staff (professor or *Privatdozent* at the University of Greifswald or at one of the State of Mecklenburg-Vorpommern's other universities).
- Proof of acceptance as a doctoral candidate
- Proof of enrolment as a doctoral candidate

Obligations and Declarations of the Applicant

If the scholarship is granted, I must observe the following obligations in accordance with the *Landesgraduierförderungsgesetzes* (Act on State Graduate Funding) - LGFG M-V:

- I am obliged to provide the Grant Commission with all necessary **details** as stipulated in the LGFG M-V and the *Landesgraduierförderungsverordnung* (State Graduate Funding Ordinance) - LGFVO M-V, for determining the continuation of the grant, **in a truthful and complete manner and by the earliest possible date**
- I must inform the Grant Commission of a possible interruption of the doctoral project
- After the funding period has ended, I must provide the Grant Commission with a written confirmation from the subject area or the University which confirms that the academic thesis has been submitted
- If the thesis cannot be submitted, I must explain the reasons for this and provide details of intended future work on the thesis. If this is the case, until the thesis is submitted (however no longer than 3 years after the funding period has ended), I will write an annual report about the status of the thesis to the Grant Commission that will be submitted by the date set out by the Commission.

I confirm the details provided above are complete and correct. I shall report any changes made to the details provided on this request form.

Town, Date

Signature