

Graduate Academy



Membership application

- I hereby apply for the membership in the Graduate Academy for two years.
- I hereby apply for the extension of my membership in the Graduate Academy for another two years.

Date and Signature

Contact informationen

Surname	First Name	Academic titles
Scientific institution		
Field of research		
Address		
E-mail address	Telephone number	

Declaration of Consent

I hereby agree that the personal data I mentioned above are processed by the Graduate Academy for the fulfilment of its tasks (e. g. maintaining contact, information on courses, events etc.). The data will not be passed on to any third party.

Revocation Instruction

I can revoke my Declaration of Consent at any time by written explanation towards Universität Greifswald, Graduiertenakademie, Domstr. 14, 17489 Greifswald or per E-mail to graduiertenakademie@uni-greifswald.de.

Date and Signature

Note: This is the form for postdocs. The membership can be extended several times.