



GRADUIERTEN-
AKADEMIE



UNIVERSITÄT
HEIDELBERG
ZUKUNFT
SEIT 1386

Personal Information – Fellowship Recipients Within an LGFG- Research Training Group

Please save this PDF file on your computer before filling out the form in order to ensure that your data is transmitted correctly.

After filling out the form, please re-save the file and send it by postal mail to the Graduate Academy:
Universität Heidelberg – Graduiertenakademie – Im Neuenheimer Feld 370 – 691120 Heidelberg, Germany

For Mac OS users:

Please use [Adobe Reader for Macintosh](#) to fill out and save the form. Forms filled out with the integrated PDF preview from Mac OS may not display correctly in Windows.

Personal information

Form of address ☐ Ms ☐ Mr

Last name _____

First name _____

Birth name (if applicable) _____

Date of birth ____-____-____
dd mm yyyy

Place of birth _____

Country of birth _____

Citizenship _____

Student registration no. (Heidelberg Uni) _____

Mailing address

c/o _____

Street, no. _____

Code, city _____

Country _____

Phone _____

E-mail _____

Further place of residence, if applicable

c/o _____

Street, no. _____

Code, city _____

Country _____

Phone _____

Degree completed to this date

Highest academic degree

- ☐ from Germany
- ☐ Bachelor *Universität*
 - ☐ Bachelor *Fachhochschule*
 - ☐ Master *Universität*
 - ☐ Master *Fachhochschule*
 - ☐ Diplom *Universität*
 - ☐ Diplom *Fachhochschule*
 - ☐ Magister *Universität*
 - ☐ Staatsexamen
- ☐ foreign degree

Date of final exam

Month Year

1st major subject _____ Grade _____

2nd major subject _____ Grade _____

minor subject _____ Grade _____

Information regarding doctoral training

Admitted as a doctoral candidate to the following
University faculty

Name of your research training group

Date of admission as a doctoral candidate

Doctoral supervisor

Discipline

Doctoral supervisor's institute

(Working) title of your doctoral thesis

Planned date of completion

Number of semesters
of doctoral training
completed to this date

Total number of semesters
of university study completed
to this date _____

Desired duration of fellowship (max. 36 months)

Duration: from ____-____-____ to ____-____-____ months: _____
dd mm yyyy dd mm yyyy

Did you in the past receive or are you now receiving a fellowship for your doctoral training?

If yes, please enter the duration and amount of the fellowship.

Duration: from ____-____-____ to ____-____-____ Amount: _____ EUR per month
dd mm yyyy dd mm yyyy

Do you expect to receive another fellowship during the duration of your LGFG fellowship?

If yes, please enter the duration and amount of the fellowship.

Duration: from ____-____-____ to ____-____-____ Amount: _____ EUR per month
dd mm yyyy dd mm yyyy

Affirmation

- ☐ I hereby confirm that the information provided in this form as well as in all further application documents is correct and complete. I will immediately inform the Graduate Academy of any changes or amendments, in particular if I am granted another fellowship.
- ☐ I have read and understood the text of the *Landesgraduiertenförderungsgesetz* (statute of Baden-Württemberg governing post-graduate funding) from 23 July 2008 as well as the statutes for the implementation of the LGFG at Heidelberg University dated 16 July 2024 (available at: https://www.graduateacademy.uni-heidelberg.de/foerderung/landesgraduiertenfoerderung_en.html).
- ☐ I agree that my application data will be saved and used for the administration of the fellowship.

Attachment

- ☐ Certificate of admission as a doctoral candidate to your faculty

Place and date

Signature (if sent by post)