

Application Form

Family name:

Given name(s): Male Female other

Email:

Nationality:

Current postal address:

Handicapped (optional)

Education

High school	Town/Country	Time period	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

College/University	Time period	Field / Major	Degree	Grade*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Please describe shortly the grading system used by your university (if available, please provide a link to a website with a suitable explanation). If possible, indicate your rank relative to your cohort.

Work experience

Position	Time period	Name of employer
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Diploma / Master thesis

Title:

Subject: Advisor:

Date of completion: Grade:

Summary:

Publications

Language skills

Language	Reading/Writing				Speaking			
	Mother tongue	Fluent	Average	Basic	Mother tongue	Fluent	Average	Basic
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Stays abroad

Prizes/Awards/Fellowships

References

We are asking for one letter of recommendation from an experienced scientist. She/he should send this letter directly to us (irtg@math.uni-bielefeld.de). Please provide her/his name and affiliation.

Name: Email:
Affiliation:

In addition, please provide name and address of two scientists who would be willing to write additional letters of recommendation to support your application. At least, one of them should have a research record in one of the fields of the IRTG.

Name: Email:
Affiliation:
Homepage:

Name: Email:
Affiliation:
Homepage:

Additional information

Any information about yourself that you want to let us know.

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