|  |  |  |
| --- | --- | --- |
| **Application for****Medical Student Fellowship / Associated Medical Student Membership** | **Applicant:** |  |
| **Supervisor:** |  |
| **Department/Institute:** |  |
| **Received:** |  |

1. **Title of the MD research project**
2. **Project description (max. 800 words)**

**Current state of research**

**Preliminary work by supervisor**

**Research aims**

**Work plan (incl. timeline)**

1. **Applicant information**

**Photo**

|  |  |
| --- | --- |
| **Family name** |  |
| **Given name** |  |
| **Date of birth** |  |
| **Place of birth** |  |

**Correspondence address**

|  |  |
| --- | --- |
| **Street** |  |
| **PLZ/City** |  |
| **Country** |  |
| **Phone** |  |
| **Email** |  |

**Planned research semesters:**

|  |  |
| --- | --- |
| **WS oder SS** | **Year** |
|  |  |
|  |  |

**Secondary school leaving certificate (attach a copy)**

|  |  |
| --- | --- |
| **Type** |  |
| **Year/Place** |  |
| **GPA** |  |

**Study (attach a copy of each degree certificate and grade transcript)**

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **University name and place** | **Degree / Grade** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Statement of motivation**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Supervisor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**