Application for a completion grant

1. Personal Information

Last Name:			First Name:					
Date of birth:		Place of birth:			l have	child/childrer	1	
Adress:								
E-Mail:				Phone numb	er:			
Subject area	of the doctorate:							
Working title dissertation:	of the							
Working towa	rds the degree:	Da	ate of acceptan	ce as doctora	l candidate fro	m Dean's office	e:	
Approximatel	y total number of page	es:						
I am/wa	s employee at the Un	iversity of Götting	jen					
Organisation unit (institute, college, centre, research project, etc.):								7
I am/was fellow at the following foundation:								
No docto	ral sponsorship or en	nployment at the	university					
2. Application	on							
l am applying	g for a completion gra	int						
for the duration from (mm/yyyy) up to and including (mm/yyyy) (max. 3 month								(max. 3 months)
3. Further fu	Indings							
Previous fund tion project:	dings of the disserta-							
(Only for former members of a doctoral programme): Did the pro- gramme/ graduate school you are/were a member of exhaust all possibilities of funding for the completion stage?								
Are you gran from an emp	ted financial support loyment in the applie	from other schola d for period of tim	arships/grants c ie?	or				
If so, from which one and in what amount?]	

4. Statement

Alongside your application, please submit a document (max. 5 pages) which states the reasons for your application for a completion grant and which covers the following points:

- start of the dissertation project and previous financial support.

p.r.n. explanation why the doctorate project could not have been completed within the designated time of three years.
current table of content of the dissertation through which the stage of your work will be evident (Which passages are completed, which ones need revision and which ones are still missing.)
brief outline of your work schedule of the applied for period of funding.

Please note, that you have to submit **further documents**. Please contact the office in this regard if necessary.

5. Support through the Thesis Committee

Statement of at least one supervisor on the chances of success of the doctoral project: work status and quality, integration of the doctoral candidate in the research environment, feasibility and time perspective; information on financing options from the supervisor.

6. Affirmation by the applicant

I hereby confirm the accuracy of the presented information.

I have taken note of the fact that a consultation before submitting the application is mandatory and that applications without prior consultation will not be considered.

I agree that my application will be brought to the attention of university-wide aid initiatives by the Göttingen International department and the Studentenwerk.

Place and date	Signature of the applicant				

Please send all documents via email to: gsgg@uni-goettingen.de

Further queries via email: gsgg@uni-goettingen.de or by phone: 0551-39-21120