|  |  |
| --- | --- |
| Family name |  |
| First name |  |
| Middle initial |  |
| Passport number (or ID number, please indicate) and expiry date |  |
| Current place of study |  |
| Address of current place of study |  |
| Telephone and Fax number |  |
| Email address |  |
| Homepage |  |
| Citizenship |  |
| Date and place of birth |  |
| Marital status |  |
| Proposed field of research / discipline |  |
| Name of supervisor |  |

Signature\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_

Please submit the completed application by email to:

biodiversityplus@uni-kassel.de (cc your supervisor)