

## Application for Admission to the Center for Doctoral Studies

To:  
RWTH Aachen  
Abt. 4.3 Karriereentwicklung  
Center for Doctoral Studies  
Kármánstraße 17/19  
52062 Aachen

via email to:  
[cgs@zhv.rwth-aachen.de](mailto:cds@zhv.rwth-aachen.de)

### Personal Data of the Applicant:

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Current Academic Degree: \_\_\_\_\_ Phone: \_\_\_\_\_

Street, No.: \_\_\_\_\_

Post Code, City: \_\_\_\_\_

TIM Account No. / User-ID: \_\_\_\_\_

Nationality\*: \_\_\_\_\_

Are you guest researcher?  No  Yes, till \_\_\_\_\_

Are you employed at FZ Jülich (Research Center Jülich) and are you doing your doctorate at another university than RWTH Aachen University?  No  Yes

### I intend to pursue my doctorate at RWTH Aachen University:

Faculty: \_\_\_\_\_

Chair/Institute: \_\_\_\_\_

Reference Number (Kennziffer) of the Institution: \_\_\_\_\_

Pursued Doctoral Degree: \_\_\_\_\_

### I participate in one of the following doctoral programs:

- |                                                                |                                                                                                      |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Research Training Group (DFG or IRTG) | <input type="checkbox"/> NRW Doctoral Programs (RessourcenKolleg.NRW, ANFAHRT, ACCESS!, VERBUND.NRW) |
| <input type="checkbox"/> Marie Curie ITN                       | <input type="checkbox"/> DFG Priority Programs (SPP)                                                 |
| <input type="checkbox"/> Graduate School (AICES)               | <input type="checkbox"/> Collaborative Research Centers (SFBs/Transregio-SFBs)                       |
| <input type="checkbox"/> Research Groups (FOR)                 | <input type="checkbox"/> Other (GRS, EXTATIC, HITEC, SusChemSys etc.)                                |
| <input type="checkbox"/> TANDEMmed                             | <input type="checkbox"/> No                                                                          |

I have received a statement / letter of acceptance from my doctoral supervisor.

I understand that signing up with the Center for Doctoral Studies is independent from and has no influence on the official admission to the doctorate.

I agree to the collection and processing of my personal data according to the Declaration of Consent included in this application.

\_\_\_\_\_  
City, Date

\_\_\_\_\_  
Applicant Signature

**Approval by the Doctoral Supervisor for Participation in the  
Center for Doctoral Studies**

Doctoral Supervisor:

Official Designation, Title: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Faculty: \_\_\_\_\_

Chair/Institute: \_\_\_\_\_

University: \_\_\_\_\_

**I hereby confirm that I am supervising the doctoral dissertation of**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Street, No.: \_\_\_\_\_

Post Code, City: \_\_\_\_\_

**Furthermore, I agree to the above named doctoral candidate's participation in the  
Center for Doctoral Studies at RWTH Aachen University.**

\_\_\_\_\_  
City, Date

\_\_\_\_\_  
Supervisor Signature  
(Institutional Stamp)

**Approval by the Executive for Participation in CDS offers  
(only for applicants who are employed by RWTH Aachen University)**

Executive:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Chair/Institute: \_\_\_\_\_

I agree to the participation of the above-mentioned applicant in CDS offers.

\_\_\_\_\_  
City, Date

\_\_\_\_\_  
Executive Signature

## Declaration of Consent

Applicant:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Street, No.: \_\_\_\_\_

Post Code, City: \_\_\_\_\_

I hereby consent to my information being stored and used by RWTH Aachen University, Division 4.3 Career Development – Center for Doctoral Studies – for supervisory and support purposes, such as the sending of invitations to courses and information sessions, the issuing and administration of certificates and transcripts, etc.

I understand that I am entitled to revoke my consent to the processing of my personal data with future effect, and that if I do so my electronically stored data will be erased immediately. I am aware that in this case the Center for Doctoral Studies will no longer be able to provide me with the above named support services.

I confirm to have received a copy of this declaration of consent for my records.

\_\_\_\_\_  
City, Date

\_\_\_\_\_  
Applicant Signature