

Personal Data of the Applicant:

Title (Ms/Mr): _____ E-mail: _____

Last Name, First Name: _____

Nationality*: _____ Tel.: _____

I am/was enrolled as a student: Yes No

Student ID No. (Matr.Nr.) **: _____ or TIM Account No. **: _____

Street / No.: _____

Post Code / City: _____

Date: _____

Application for Admission to the Center for Doctoral Studies

I hereby apply for admission to the Center for Doctoral Studies (CDS) at RWTH Aachen University.

I wish to pursue my doctorate at RWTH Aachen University:

Faculty: _____

Pursued Doctoral Degree: _____

Chair/Institution: _____

I am member of / participate in a Graduate School, Research Training Group, or structured doctoral programme:

Yes No

If so, Name of School/Programme: _____

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

I understand that signing up with the CDS 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.

Applicant Signature

* Optional information

** If you don't fill in this information we cannot provide you with our central services (e.g. course registration). If you have neither a Student ID no. nor a TIM account no., please contact the CDS Office via e-mail at cds@zhv.rwth-aachen.de

Date: _____

Doctoral Supervisor:

Official Designation:
(e.g. Univ.-Prof., PD, ...) _____

Title, Name, First Name: _____

Faculty: _____

Chair / Institute: _____

University: _____

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

I support the application by the doctoral candidate

First Name: _____

Last Name: _____

Academic Degree: _____

to participate in the Center for Doctoral Studies at RWTH Aachen University.

Supervisor Signature

Institutional Stamp (Chair/Institute)

Center for Doctoral Studies
RWTH Aachen University
Ms. Doris Frank
Templergraben 55
52062 Aachen.

Applicant:

Last Name, First Name: _____

Street / No.: _____

Post Code / City: _____

Please note:

Please submit a signed copy of this Declaration of Consent to the CDS Office. You should keep another copy for your records.

Declaration of Consent

I hereby consent to my information being stored and used by RWTH Aachen University – Center for Doctoral Studies (CDS) – 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 CDS 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