CY doctoral and post-doctoral college

Mobility PhD Students 2022

Application form

Applicant information

Name :

Suname :

Thesis title :

Are you enrolled in a PhD program in the academic year 2020-2021 at CY Cergy Paris University? 🞎 Yes 🞎 No

Estimated date of mobility:

Are you receiving research funding for your thesis ? 🞎 Yes 🞎 No

If yes, which one ? :

Do you have a PhD Cotutelle  ? 🞎 Yes 🞎 No

If yes, specify country and institution :

Ph.D. program

Date of 1st registration in thesis, in France:

Thesis year in 2021/2022 :

Name and first name of the thesis director:

Title of the research center or laboratory:

Date scheduled for the defense:

Place of defense :

Research program and mobility

Specify briefly your research project and the need for mobility abroad (1000 characters including spaces maximum):

Total duration of mobility (in days): .............

Mobility destination country :

Mobility Destination City(ies) :

Amount of global fellowship requested in euros (attach the budget sheet) :

Mobility objectives (1000 characters maximum) :

Does this mobility allow you to be eligible for the European Label \*? 🞎 Yes 🞎 No

ADVICE

|  |
| --- |
| **Thesis director** |
| **Director of laboratory** |

Attachments to the file

- A summary of the thesis in English

- An argument on the opportunity and the objectives of mobility for the research project and the pursuit of a career (5000 signs including spaces maximum)

- A letter of commitment from the partner institution with the mission supervisor's references and specifying the reception conditions (office, laboratory access, etc.).

- An overall mission schedule and budget (budget sheet attached)

- For salaried doctoral students, an authorization of absence from the employer.

Signatures

|  |  |  |
| --- | --- | --- |
| **PhD Students** | **Thesis director** | **The co-supervisor/co-director of the thesis** |
| NAME, Surname  Date :  Signature : | NAME, Surname  Date :  Signature : | NAME, Surname :  Date :  Signature : |
| **Directeur.trice de laboratoire** |  |  |
| NAME, Surname:  Date :  Signature : |  |  |

ANNEXE

