



HEIBRIDS

HELMHOLTZ International Berlin
Research School in Data Science

REQUEST FOR ASSOCIATION

APPLICANT	
FAMILY NAME, FIRST NAME	
E-MAIL	
NATIONALITY*	
UNIVERSITY OF MSc DEGREE*	

** for statistical purposes*

PHD THESIS	
TITLE OF PhD THESIS	
PROJECT SUPERVISOR (NAME AND INSTITUTION)	
CO-SUPERVISOR / COLLABORATION PARTNER (NAME AND INSTITUTION)	
UNIVERSITY SUPERVISOR if other than above mentioned (NAME AND INSTITUTION)	
HOST INSTITUTION	
DISSERTATION START DATE (MM/YY)	PROSPECTIVE END DATE (MM/YY)

Signature Applicant

Date