



HEIBRIDS

HELMHOLTZ EINSTEIN 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