

I wish to apply for the MELiSSA POMP PhD Program



PLEASE TYPE. DO NOT WRITE BY HAND. PLEASE ENSURE THAT THE HEAD OF THE FACULTY SIGNS THIS APPLICATION TO EVIDENCE RECOGNITION OF YOUR APPLICATION AND YOUR ACADEMIC CREDENTIALS.

Title research proposal			
MELiSSA partner (please indicate the name of the MELiSSA partner where you wish to spend 12 months of your PhD)			
University where you wish to do your PhD)		
1. Name and place			
Postal address			
Name of head of the Faculty/Department			
Phone	E-mail		
Personal data			
Full name (underline surname)		male / female	
Official name (as mentioned in your passport)			
Postal address			
Phone	E-mail		
Present citizenship			
Date, place and country of birth			
College and / or university education			
1. Name and place			
From (MM/YY)	to (MM/YY)	Degree	
Main studies			
Thesis or major			
Title of the thesis			
2. Name and Place			
From (MM/YY)	to (MM/YY)	Degree	
Main studies			
Thesis or major			
Title of the thesis			





Title of thesis, professional publications (use additional sheet)

Practical experience be	efore or during higher education	on (type of work done; where, how lo	ong full-time/part-time) (Use additional sheet i
necessary)			
1.			
2.			
Research / laboratory w	vork (use additional sheet if n	ecessary)	
Subject			
Place			
From (MM/YY)		to (MM/YY)	Supervisor
English language profic	ciency (fair F; good G, excelle	nt E) - mark appropriate	
Read: FGE	write: F G E	speak: FGE	understand: F G E
Was English the langua	age of instruction in secondary	y school / university? Yes / No	
If no, please attach th	e result of your English lan	guage test (TOEFL/IELTS)	
Professional Emp	lovment		
_	mployment <i>(use additional sh</i> e	eet if necessary)	
	inployment (ase additional sine	oct ii ricocoodiy)	
Job title			From (MM/YY)
Employer, name			
Postal address			
Phone		E- mail	
Responsibilities			
Short Description of pre	evious posts during the last 4	years	
From (MM/YY)		to (MM/YY)	
From (MM/YY)		to (MM/YY)	
Other required info	ormation		
Personal statement of v	why you wish to participate in	the POMP PhD Program (approximate)	ately 100 words)

How were you informed of the MELiSSA POMP Program?

Have you received confirmation of financial support from your sponsor? Yes / No

BOTH APPLICANT AND HEAD OF FACULTY ACCEPT THE MELISSA RULES CONCERNING CONFIDENTIALITY, INTELLECTUAL





PROPERTY, TECHNOLOGY TRANSFER AND PUBLICATIONS.

No personal details shall be shared with third parties that are not associated with the POMP program, for instance as evaluators.

By signing this document, I accept the MELiSSA Foundation privacy policy which can be viewed here: https://www.melissafoundation.org/page/privacy-policy.

Date (DD/MM/YY)	Signature head of the faculty / department ¹	
Date (DD/MM/YY)	Signature applicant	

Please enclose curriculum vitae, one passport photo, photocopies of academic transcripts and photocopies of academic diplomas (of BSc and/or MSc degrees), PhD research proposal, abstract of your Master thesis, two reference letters, letter of acceptance from the relevant MELiSSA partner, copy of your passport, and the result of an IELTS or TOEFL test (if applicable). Print this form, sign, enclose the documents mentioned and scan all documents and send by email to: applications@melissafoundation.org

¹ By co-signing this application you accept the application and the academic credentials of the applicant