



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.

I wish to apply for the MELiSSA POMP PhD Program

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

Phone

Personal data

Full name (underline surname)	male / female
Official name (as mentioned in your passport)	
Postal address	

E-mail

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 before or during higher education (type of work done; where, how long full-time/part-time) (Use additional sheet if

necessary)

1.					
2. Research / laboratory work (use additional sheet if necessary)					
Subject					
Place					
From (MM/YY) to (MM/YY)	Supervisor				
English language proficiency (fair F; good G, excellent E) - mark appropriate					
Read: FGE write: FGE speak: FGE	understand: F G E				
Was English the language of instruction in secondary school / university? Yes / No					
If no, please attach the result of your English language test (TOEFL/IELTS)					

Professional Employment

Present professional employment (use additional sheet if necessary)				
Job title		From (MM/YY)		
Employer, name				
Postal address				
Phone	E- mail			
Responsibilities				
Short Description of previous posts during the last 4 years				
From (MM/YY)	to (MM/YY)			
From (MM/YY)	to (MM/YY)			

Other required information

Personal statement of why you wish to participate in the POMP PhD Program (approximately 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.

M ELISSA FOUNDATION

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 / department¹

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