



## APPLICATION COVER SHEET: ASSOCIATED DOCTORAL CANDIDATES

### 1. PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

MALE    FEMALE    NON-BINARY

DATE OF BIRTH:    /    /  
DD   MM   YR

QUALIFIABLE DISABILITY? :

YES    NO

EMAIL ADDRESS:

NATIONALITY:

CURRENT ADDRESS:

### 2. CURRENT PHD PROGRAM INFORMATION

CURRENT DEPARTMENT/INSTITUTE/PROGRAM:

CURRENT SUPERVISOR:

PHD START DATE (MM/YR):            /

ANTICIPATED PHD END DATE (MM/YR):            /

ARE YOU FUNDED FOR THE ENTIRE DURATION OF YOUR PHD (3 YEARS)? :

YES     NO

IF YES, WHAT TYPE OF FUNDING DO YOU HAVE?:

STIPEND     STAFF POSITION     OTHER

IF OTHER, PLEASE SPECIFY: