



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:

DURING MY PHD I PLAN TO COLLECT DATA IN SCHOOLS/COOPERATE WITH SCHOOLS:
YES NO