EBERHARD KARLS
UNIVERSITÄT
TÜBINGEN

LEAD
Graduate School &
Research Network

APPLICATION COVER SHEET: AFFILIATES

Please fill in this form as completely as possible! The data is for internal use only.

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 POSITION INFORMATION

DENOMINATION OF PROFESSORSHIP: _____

DEPARTMENT/INSTITUTE: _____

IN THIS POSITION SINCE: _____

I PLAN TO COLLECT DATA IN SCHOOLS/COOPERATE WITH SCHOOLS:
YES ☐ NO ☐

PLACE, DATE SIGNATURE