## Application for an emergency grant

1. Perso	nal I	nformation								
Last Nam	e:			First Name	:					
Date of bi	rth:		Place of birth:			I have	child/chil	dren		
Adress:			<del>-</del>				<u> </u>		]	
E-Mail:		Phone number:								
Subject ar	rea of	the doctorate:			-				1	
Working ti dissertatio		the								
Working to	owards	s the degree:	]	Date of accepta	nce as doctora	al candidate fr	om Dean's c	ffice:		
I am/w	Orgar resea vas fe	nisation unit (insurch project, etc.	University of Göttir titute, college, cen ): ving foundation:	tre,						
2. Applica	ation									
I am apply	ying fo	or an emergency	/ grant							
for the dui	ration	from (mm/yyyy)	)	up to and	including (mm	/уууу)			(max. 3 months)	
3. Further	r func	dings								
Previous f		ngs of the disser	ta-							
Are you g from an e	ranteo mploy	d financial suppo ment in the app	ort from other scholied for period of t	olarships/grants ime?	or				]	
If so, from	n whic	h one and in wh	at amount?						7	

## 4. Statement

Alongside your application, please submit a document (max. 5 pages) which states the reasons for your application for an emergency grant and which covers the following points:

- Presentation of the previous funding process, the emergence of the funding gap that has now arisen and, if necessary, the perspective for the remaining doctoral phase after the emergency funding
- Working schedule for the applied for funding period

Please note, that you have to submit **further documents**. Please contact the office in this regard if necessary.

## 5. Support through the Thesis Committee

Statement of at least one supervisor on the chances of success of the doctoral project: work status and quality, integration of the doctoral candidate in the research environment, feasibility and time perspective; information on financing options from the supervisor.

## 6. Affirmation by the applicant

I hereby confirm the accuracy of the presented information.

I have taken note of the fact that a consultation before submitting the application is mandatory and that applications without prior consultation will not be considered.

I agree that my application will be brought to the attention of university-wide aid initiatives by the Göttingen International department and the Studentenwerk.

Place and date	Signature of the applicant				

Please send all documents via email to: gsgg@uni-goettingen.de

Further queries via email: <a href="mailto:gsgg@uni-goettingen.de">gsgg@uni-goettingen.de</a> or by phone: 0551-39-21120