Anmeldeformular /Registration form DSHCS Workshop

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| Titel des Workshops / title of the workshop |  |
| Name / surname |  |
| Vorname / name |  |
| Geburtsdatum / date of birth |  |
| Privatadresse / address |  |
| Email / email |  |
| Matrikelnummer / matriculation number |  |
| Schwerpunkt /  research cluster |  |

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| --- | --- | --- | --- |
| Datum des BA / date of BA | Datum des MA / date of MA | Start des Doktorats-studiums / start of PhD studies | Datum der FÖP / date of FÖP |
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| --- | --- |
| Thema der Dissertation /  title of the dissertation |  |
| Studienfach / Disziplin |  |
| Betreuer\*in der Dissertation / supervisor |  |
| Möchten Sie uns vorab etwas  mitteilen? / Is there something you want to tell us in advance? |  |