

**Enrollment is currently possible via the doctoral advisory service only**

<p>Trier University of Applied Sciences Student advisory service Post box 1826 54208 Trier  Telephone: 0651/8103-335</p>	<p><b>Trier University of Applied Sciences Environmental Campus Student advisory service Post box 1380 D-55761 Birkenfeld</b>  Tel.: +49 6782/ 17-1826</p>	<p><b>Trier University of Applied Sciences ECB Doctoral advisory service Post box 1380 D-55761 Birkenfeld</b> Telephone: +49 6782 / 17 -1827</p>	<p>Eingangsstempel der <u>Hochschule</u></p>
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**APPLICATION**

**for admission to enroll as a cooperative doctoral candidate for the**

**summer semester** \_\_\_\_\_(year)

**winter semester** \_\_\_\_\_(year)

**Note:** Completion of the fields in *italics* is optional. **All other fields must be completed.**

<b>1. Personal data</b>	
Surname	First name
Maiden name (if applicable)	Affixes (e.g. von, de etc.)
Date of birth	Place of birth
Female Male Third Gender	<i>Married</i> <i>Not married</i>  <i>Optional information</i>

<b>2. Address and nationality</b>	
<b>Main residence</b>	Email
Street, number	
ZIP code, town/city	
<b>Additional address</b>	State of main residence (applicants from outside Germany should provide their country of main residence)
Street, number	
ZIP code, town/city	
<b>Business address</b>	Nationality (list all nationalities)
Street, number	
ZIP code, town/city	
<b>At least one address must be provided. Please place a cross beside your preferred postal address above!</b>	<i>Telephone (with area code if applicable)</i>  <i>Optional information</i>

### 3. Type of university entrance qualification

Type of qualification (e.g. school leaving certificate from a technical college, general school leaving certificate etc., see the given link below.)	Date of completion
State, district	Country (if school leaving certificate gained outside Germany)

List of qualifications cf.: <https://www.umwelt-campus.de/en/research/research-at-the-environmental-campus/support-for-doctoral-candidates/enrollment-re-registration/>

### 4. Care for dependent family members or relatives (children and other dependants) *Optional information*

<i>no</i>
<i>yes, timeframe: from ..... until .....(month, year)</i>

### 5. Date of first enrollment for a degree program

University of first enrollment for a degree program	Semester, year
Subject of study	Country (if first enrollment outside Germany)

### 6. Degrees already held

<b>1st Degree</b>	
University	Semester, year (degree course begun)
Subject of study	Country (if first enrollment outside Germany)
Type of degree	Overall grade
Date of completion Semester: _____ Month, year: _____	
<b>2nd Degree</b>	
University	Semester, year (degree course begun)
Subject of study	Country (if first enrollment outside Germany)
Type of degree	Overall grade
Date of completion Semester: _____ Month, year: _____	
University	Semester, year (degree course begun)
Subject of study	Country (if first enrollment outside Germany)
Type of degree	Overall grade
Date of completion Semester: _____ Month, year: _____	
University	Semester, year (degree course begun)
Subject of study	Country (if first enrollment outside Germany)
Type of degree	Overall grade
Date of completion Semester: _____ Month, year: _____	

### 7. University with the right to award doctoral degrees, at which the doctoral examination procedure

Name	Country (if outside Germany)
Street, number	
ZIP code, town/city	

**8. Type of doctorate**

Cooperative doctoral program at Trier University of Applied Sciences with (multiple choices possible)

- University in Germany with the right to award doctoral degrees
- University outside Germany with the right to award doctoral degrees
- Non-university research institution
- Business, or other institution

**9. Discipline in which is the doctorate awarded**

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**10. Supervising professor at the university named in point 7**

Main supervisor

additional supervisor (if applicable)

**11. Supervising professor at Trier University of Applied Sciences**

Main supervisor (supervisor to complete declaration below)

Additional supervisor (if applicable)

**12. Type of registration as a cooperative doctoral candidate**

- First registration
- Active continuation after a break in study
- Other

**Please do not forget to re-register for each new semester.****Please do not forget to terminate your enrollment following graduation and/ or the end of your course of study.**Forms available at: <https://www.umwelt-campus.de/en/research/research-at-the-environmental-campus/support-for-doctoral-candidates/enrollment-re-registration/>**13. Enrollment or registration as a doctoral candidate at the university named in point 7**

Enrollment	Registration
Neither enrollment nor registration	Number (if applicable)

**14. Beginning of the doctoral program (date of admission as a doctoral candidate)****Please enclose relevant certificate**

Month

Year

**15. Participation in a structured doctoral program**

Yes

No

**16. Employed at Trier University of Applied Sciences**

Yes

No

Job title (if applicable)

**17. Enrollment at Trier University of Applied Sciences**

With a semester ticket (charge applicable)

No semester ticket required

**18. Health insurance**

Required only if enrollment was not completed at the university named in point 7, or if this university is located outside Germany. Please provide necessary proof. Private health insurance required  
Provide an exemption certificate from a German public health insurance provider.

**Name:**

Address

Street, number or post box

ZIP code, town/city

I am neither legally incompetent, nor under provisional guardianship.

I am aware that any untrue or incomplete declarations made in this application may result in the termination or cancellation of my enrollment at the University.

**I hereby confirm the accuracy of the data I have provided.**

Place, date

Signature

### Approval by Main Supervisor at Trier University of Applied Sciences

Mr / Ms / Mx.....

is a cooperative doctoral candidate, working on a thesis entitled

.....  
 .....  
 .....

I am acting as their supervisor at Trier University of Applied Sciences  
throughout the doctoral program.

Title, name

Subject area

Place, date

Signature

#### List of documents to be provided

CV	Certification of admission as a doctoral student
Photograph	Certificate of registration or enrollment (if applicable)
Degree certificate facilitating admission as a doctoral student	Certification of health insurance (if applicable)

If required, additional certificates can be found under the following address:

<https://www.umwelt-campus.de/en/research/research-at-the-environmental-campus/support-for-doctoral-candidates/enrollment-re-registration/>

To be filled out by the University:	
computer processed: <input type="radio"/>	<input type="radio"/> Certificate of enrollment <input type="radio"/> Certificate of registration <input type="radio"/> Certification of admission as a doctoral student
Health insurance declaration <input type="radio"/> provided <input type="radio"/> not required	Fee: <input type="radio"/> paid <input type="radio"/> non-applicable
Faculty:	Number:

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**To be completed only after the application has been processed:**

**Confirmation of receipt of a semester ticket**

I am aware that if I am not re-registering to continue my studies in the following semester, or if I do not wish to select a semester ticket upon enrollment for the following semester, and/or do not pay for the semester ticket, I must return the chip card and the semester ticket at the end of the current semester. I have received the semester ticket:

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Place, date

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Signature of the doctoral candidate