[ ] **Receipt stamp of the university**

****

**Student Services/Registrar's Office - UCB Studien Services/Registrar's Office - Trier Studien Services/Registrar’s Office - Idar-Oberstein**PO Box 1380, 55761 Birkenfeld PO Box 1826, 54208 Trier Vollmersbachstraße 53a, 55743 Idar-Oberstein studienservice@umwelt-campus.de studienservice@hochschule-trier.de studienservice-io@university-trier.de
06782 / 17-1826 0651 / 8103-335 06781 / 9463-27

**Submit** all applications to Student Services **through the Doctoral Advising Center:**

HS Trier

UCB

Doctoral Advising Center

PO Box 1380

55761 Birkenfeld

promotionsberatung@hochschule-trier.de

06782 / 17-1827

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A N T R A G

[ ]  Enrollment (with semester fee and semester ticket)

[ ]  Registration (without semester ticket, only small ID fee)

as a cooperatively supervised doctoral student for the

[ ]  Summer semester (year) Click or type here to enter text.

[ ]  Winter semester (year) Click or type here to enter text.

**Attention: All fields in *italics* are voluntary. Please fill in all other fields!**

# Basic data

## Personal data

Family name Click or type here to enter text.

First name Click or type here to enter text.

Birth name if applicable Click or type here to enter text.

Name additions Click or type here to enter text.

Date of birth Click or type here to enter text.

Birthplace Click or type here to enter text.

Gender

|  |  |  |
| --- | --- | --- |
| [ ]  female | [ ]  male | [ ]  diverse |

Nationality (specify all if more than one)

Click or type here to enter text.

Addresses (in case of two residential addresses, **please mark the main residence**)

[ ]  Postal address

Street, house number Click or type here to enter text.

Zip code, place of residence Click or type here to enter text.

State if outside Germany Click or type here to enter text.

[ ]  Other address

Street, house number Click or type here to enter text.

Zip code, place of residence Click or type here to enter text.

State if outside Germany Click or type here to enter text.

PhoneNo. (with international dialing code, if applicable). Click or type here to enter text.

E-mail address Click or type here to enter text.

## Supervising professor at Trier University of Applied Sciences

Name Click or type here to enter text.

Department Click or type here to enter text.

If applicable, further supervisor at Trier University of Applied Sciences

Name Click or type here to enter text.

Department Click or type here to enter text.

## Supervising professor at the university where the doctoral program takes place

First time mentor Click or type here to enter text.

Name of the university Click or type here to enter text.

Street, house number or P.O. Box Click or type here to enter text.

Zip code, city Click or type here to enter text.

State if outside Germany Click or type here to enter text.

If applicable, further supervisors outside the HS Trier Click or type here to enter text.

## Start of doctoral studies (date of acceptance as doctoral candidate) - please attach certificate

Month Click or tap here to enter text.

Year Click or type here to enter text.

## Health insurance exists (mandatory)

[ ]  Yes

# *Voluntary data*

## PhD Subject

*Click or type here to enter text.*

## Promotion type

*Cooperative doctorate of Trier University with (multiple selection possible)*

[ ]  *University or institution of higher education with the right to award doctorates in Germany*

[ ]  *University or institution of higher education with the right to award doctorates abroad*

[ ]  *Non-university research institution*

[ ]  *Economic or other institution*

## Enrollment or registration at the university where the doctoral procedure takes place.

[ ]  *Enrollment*

[ ]  *Registration*

 *Number (fill in if necessary) Click or type here to enter text.*

[ ]  *Neither enrollment nor registration*

## Participation in a structured doctoral program

|  |  |
| --- | --- |
| [ ]  *No* | [ ]  *Yes* |

## Employment relationship at Trier University of Applied Sciences

|  |  |
| --- | --- |
| [ ]  *No* | [ ]  *Yes* |

*Area Click or type here to enter text.*

*Street, house number or P.O. Box Click or type here to enter text.*

*Zip code, city Click or type here to enter text.*

## Type of university entrance qualification

*Degree [[1]](#footnote-1) Click or type here to enter text.*

*Country, county Click or type here to enter text.*

*Degree date Click or type here to enter text.*

*State (in case of foreign acquisition of HZB) Click or type here to enter text.*

## Initial enrollment for studies

*University (first enrollment for studies) Click or type here to enter text.*

*Subject of study Click or type here to enter text.*

*Semerster, year Click or type here to enter text.*

*State (if first enrollment abroad) Click or type here to enter text.*

## Previous degrees

***- 1. finish -***

*University Click or type here to enter text.*

*State (if university abroad) Click or type here to enter text.*

*Subject of study Click or type here to enter text.*

*Semester, Year (Start) Click or type here to enter text.*

*Type of closure Click or type here to enter text.*

*Overall score Click or type here to enter text.*

*Semester (degree) Click or type here to enter text.*

*Month, year (Degree) Click or type here to enter text.*

***- 2. finish -***

*University Click or type here to enter text.*

*State (if university abroad) Click or type here to enter text.*

*Subject of study Click or type here to enter text.*

*Semester, Year (Start) Click or type here to enter text.*

*Type of closure Click or type here to enter text.*

*Total score Click or type here to enter text.*

*Semester (graduation) Click or type here to enter text.*

*Month, Year (Completion) Click or type here to enter text.*

***- 3. finish -***

*University Click or type here to enter text.*

*State (if university abroad) Click or type here to enter text.*

*Subject Click or type here to enter text.*

*Semester, Year (Start) Click or type here to enter text.*

*Type of closure Click or type here to enter text.*

*Total score Click or type here to enter text.*

*Semester (graduation) Click or type here to enter text.*

*Month, year (Degree) Click or type here to enter text.*

***- 4. finish -***

*University Click or type here to enter text.*

*State (if university abroad) Click or type here to enter text.*

*Subject of study Click or type here to enter text.*

*Semester, Year (Start) Click or type here to enter text.*

*Type of closure Click or type here to enter text.*

*Total score Click or type here to enter text.*

*Semester (graduation) Click or type here to enter text.*

*Month, year (Degree) Click or type here to enter text.*

## Family situation

[ ]  *Married* [ ]  *Not married*

*Care for dependents (children and those in need of care)*

[ ]  *no*

[ ]  *yes, from Click or tap here to enter text. to Click or tap here to enter text.*

[ ]  *yes, from Click or type here to enter text. continuous*

**Confirmations and process information**

**Confirmation of the main supervisor of the Trier University of Applied Sciences**

Mrs. / Mr. Click or type here to enter text.

will be awarded a doctorate in her/his cooperative doctoral program with the working title of

Click or type here to enter text.

supervised by me as the main supervising professor at Trier University of Applied Sciences.

Title, name Click or type here to enter text.

Department Click or type here to enter text.

Place, date Click or type here to enter text.

Signature

**Declaration of the applicant**

I have health insurance.

I am neither incapacitated nor under temporary guardianship.

I understand that any untruthful or incomplete information provided in this application could result in exmatriculation or revocation of enrollment.

I hereby confirm that the information I have provided is correct.

Place, date Click or type here to enter text.

Signature

**List of documents to be submitted**

Certificate of acceptance as a doctoral student at the university

If available, registration or enrollment certificate from the university

Completed doctoral supervision confirmation and statement in this form.

Completed declaration in this form

[Privacy Policy Enrollment Doctoral Students](https://www.umwelt-campus.de/fileadmin/Umwelt-Campus/Promotionsberatung/Datenschutzerklaerung_Eingabeformular_Einschreibung_Promovierende_bearbeitet.docx)

Photo for the ID card

***Voluntary***

*Resume*

*Certificate of the degree entitling the holder to a doctorate*

**Please do not forget to re-register each new semester.**

**Please do not forget to report the successful completion or other termination of the procedure.**

**Forms at:** <https://www.umwelt-campus.de/forschung/forschung-am-umwelt-campus/promotionsberatung/einschreibung-rueckmeldung/>

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

**Confirmation for semester ticket**

I am aware that the chip card with the semester ticket must be returned at the end of the semester if there is no re-registration for the following semester or if the ticket option is no longer selected when re-registering for the following semester and/or payment for it is not made.

I have received the semester ticket:

Place, date Click or type here to enter text.

Signature

***Certificate of the doctoral advising center***

*It is certified that* Click or type here to enter text. *meets the requirements for registration/enrollment as a doctoral student at Trier University.*

*Place, date* Click or type here to enter text.

*Signature*

**To be completed by Trier University of Applied Sciences only**

[ ]  EDP recorded:

[ ]  Certificate of enrollment

[ ]  Fee Height Paid [ ]  Fee not applicable

Department Click or type here to enter text.

Registration number Click or type here to enter text.

1. Listing in the *information* section *and additional documents* at:
[https://www.umwelt-campus.de/forschung/forschung-am-umwelt-campus/promotionsberatung/einschreibung-rueckmeldung/](https://www.umwelt-campus.de/forschung/forschung-am-umwelt-campus/promotionsberatung/einschreibung-rueckmeldung/%20)  [↑](#footnote-ref-1)