**Graduate program BrainLinks-BrainTools**

**Application form**

Name (last, first):

Email:

Phone:

Thesis supervisor:

Research group:

Department:

Working title of thesis:

Start of thesis (month/year):

Expected degree (MD, PhD, etc.):

At which faculty are you registered as a doctoral candidate?:

Are you already member of another graduate program? If yes, please specify:

Members of thesis committee:

1.

2.

(3.)

Signature applicant

Please send this form together with a letter of motivation and the statement of your supervisor to schug@brainlinks-braintools.uni-freiburg.de