**Application for an international double degree PhD**

***To be fill out by the PhD students and his/her PhD supervisors***

**STUDENT**

INE (if already a student in France):.............................................................................................................

Name: ..........................................

Surname: .................................................................................................................................................

Date of birth (day/month/year): .............................................Nationality: .............................................................

Email: .................................................................. Phone: ..............................................................

Title of the diploma granting the right to enrolment in a doctoral degree: .......................................................

Date of issue: …./…./20…

Title of the thesis: ………………………………………………………………………………………….

Language of the thesis:……………………………………………………………………………………….

1st year of enrollment in PhD:

* ENS de Lyon: 20….../20…..
* Partner: 20….../20…..

Name of the PhD program and PhD degree awarded at the end of the thesis

* ENS de Lyon : ……………………………………………………………………………………..
* Partner:………………………………………………………………………………………………

Name of the research laboratories:

* ENS de Lyon : ……………………………………………………………………………………..
* Partner:………………………………………………………………………………………………

Name of the Doctoral schools:

* ENS de Lyon : ……………………………………………………………………………………..
* Partner:………………………………………………………………………………………………

Are-you already registered on:

* ENS de Lyon PhD enrollment website (Coriandre) ? YES NO
* Université de Lyon Doctoral School enrollment website (SIGED) ? YES NO

Do you have an ACE? Yes NO Answer waiting on …/…/20…

Thesis financial support :

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Type  (bursary or salary) | From …./…./20… to …./…./20… | Monthly rate in € |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**ENS DE LYON**

Thesis Supervisor

Madam  Sir

Name: ....................................................................Surname:...................................................................

Title/Qualification: ...................................................................................................................................................

Research Laboratory: .....................................................................................................

Doctoral School: ...................................................................................................................

Phone : ..........................................................Email : ......................................................................

**PARTNER UNIVERSITY**

Name : .....................................................................................................................................

Adresse : ................................................................................................................................................

Country : .....................................................................................................................................................

Thesis Supervisor

Madam  Sir

Name: ....................................................................Surname:...................................................................

Title/Qualification: ...................................................................................................................................................

Research Laboratory: .....................................................................................................

Doctoral School: ...................................................................................................................

Phone : ..........................................................Email: ......................................................................

Administrative contact (mandatory)

Name: ....................................................................Surname:...................................................................

Office name: ................................................................................................................................................

Phone: ..........................................................Email : ......................................................................

**CALENDAR**

Period of study and research (alternating and balanced stays):

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **From** …./…./20… | | **To** …./…./20… | | **Place** | |
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Arrangement of payment of fees (normally paid in only one of the two partner institutions, that is, in the university institution where the student shall undertake his/her research and study period):

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | |  | |  | |
| **From** …./…./20… | | **To** …./…./20… | | **Place** | |
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**SCIENTIFIC INTEREST**

Explain the impacts expected from this scientific collaboration, especially in the framework of a Joint PhD (5-10 lines)

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**SIGNATURES**

|  |  |  |
| --- | --- | --- |
| **Thesis Supervisor**  **ENS de Lyon** | **Thesis Supervisor**  **Partner** | **Student** |
| Date : …./…./20…  (Surname Name)  (Signature) | Date : …./…./20…  (Surname Name)  (Signature) | Date : …./…./20…  (Surname Name)  (Signature) |