**APPLICATION FORM**

**Enveloppe attractivité programme 2023-2024**

**Please submit your application before June, 30th 2023 – 12H00 noon**

**Direction des Affaires internationales - Descartes Campus,** **scientist.mobility@ens-lyon.fr**

**COMPULSORY DOCUMENTS THAT MUST BE PROVIDED WITH THIS FORM:**

* **Proof that external co-funding has been obtained or applied for**
* **A cover letter by the candidate in support of the application**
* **A letter or an email by the Thesis Supervisor - ENS de Lyon with his/her reasoned opinion about this application**
* **A letter or an email by the Doctoral School Director in Lyon stating his/her reasoned opinion about this application**

**INFORMATION ABOUT THE CANDIDATE**

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| **Last name** |
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| **First name** |
|  |

|  |  |  |
| --- | --- | --- |
| **Nationality** | **Date of birth (day / month / year)** | **Sex** |
|  |  | W  [ ]  M  [ ]  |

|  |  |
| --- | --- |
| **Phone** | **Mail** |
|  |  |

**INFORMATION ABOUT THE THESIS**

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| **Doctoral year being prepared in 2023-24** |
| **1st year** [ ]  **2nd year** [ ]  **3rd year** [ ]   **4th year** [ ]  [ ]  Other: …..  **year** |
| **Title of the thesis subject** |
|  |

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| **Name of the research laboratory – ENS de Lyon** |
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| **Name of the doctoral school in Lyon:** [**http://www.universite-lyon.fr/doctorat/nos-ecoles-doctorales-314898.kjsp**](http://www.universite-lyon.fr/doctorat/nos-ecoles-doctorales-314898.kjsp) |
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| **Name of the Thesis Supervisor – at ENS de Lyon** |
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**TO BE COMPLETED IN CASE OF INTERNATIONAL JOINT PHD OF THE THESIS**

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| **Name of the university of origin** |
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| **Name of the research laboratory at the university of origin** |
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| **Name of the international co-supervisor of the thesis, principal laboratory and doctoral school at the university of origin** |
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**INFORMATION ABOUT THE EXTERNAL CO-FUNDING**

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| **Name and origin of the funding (all funding)** |
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| **Amount of the funding (in Euros and per month)** |
|  |
| **Start and end dates of the funding** **(day / month / year)** |
| **…………. /…………../20…… au …………/………../20……** |
| **Funding already obtained:** |
| **yes** [ ]  **no** [ ] **If no, expected date of the result: ……./……./20…… (day / month / year)** |
|  |

**Dates OF PRESENCE AT ENS DE LYON (DAY / MONTH / YEAR)**

|  |
| --- |
| **Stay:** Please note that the dates of stays must be related to your research project – payments will be made only during the stays at ENS de Lyon**from ……./……./20…… till ……./……./20…… (day / month / year)****OR****Several stays:** Please note that the dates of stays must be related to your research project - payments will be made only during the stays at ENS de Lyon**from ……./……./20…… till ……./……./20…… (day / month / year)****and****from ……./……./20…… till ……./……./20…… (day / month / year)** |

**Date:**

**Signature of the doctoral student:**

**PLEASE NOTE: If your application file is not submitted with all the requested documents, it will not be taken into account.**