

Application for an international Joint PhD
To be filled out by the PhD student and his/her PhD supervisors
To be validated by the Partner (at administrative level)

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:.....

Place for the defense : :.....

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:

- ADUM ? 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:

Number of theses under supervision/currently being supervised:

Number of theses already supervised and defended:

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, for 3 years maximum):

From/...../20...	To/...../20...	Place

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):

From/...../20...	To/...../20...	Place



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

Student	Thesis Supervisor ENS de Lyon	Thesis Supervisor Partner	Partner University (administrative contact)
Date : .../.../20... (Surname Name)	Date : .../.../20... (Surname Name)	Date : .../.../20... (Surname Name)	Date : .../.../20... (Surname Name)
(Signature)	(Signature)	(Signature)	(Signature)

