

## IRTG SFB1423 - MEMBERSHIP REGISTRATION

### PERSONAL INFORMATION

Last Name, First Name

Gender

Date of Birth

Nationality

Field of Studies

Degree (Title, Institution, Date)

### CONTACT DATA

Affiliation (University/Faculty)

Office Address

Email\*

Office Phone

- \* Yes, I want to receive information about the SFB1423 and related topics. (You can unsubscribe any time by sending an email to [juliane.adler@medizin.uni-leipzig.de](mailto:juliane.adler@medizin.uni-leipzig.de))

### PHD PROJECT

Working Title

Supervisor

Co-Supervisor within SFB 1423

Date of Enrollment on Doctoral Students List / Department

Starting date within SFB

- Funded by SFB 1423
- Funded otherwise

---

Date, PhD-Student

---

Date, Supervisor