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|  | **Interdisciplinary Program Molecular Medicine**  **University of Cologne**  Chair - Math.-Nat. Faculty: Prof. Elena Rugarli (Institute for Genetics)  Chair - Medical Faculty: Prof. Mats Paulsson (Institute for Biochemistry)  Program Coordination:  Dr. Christoph Aszyk (Application & Graduation Procedure)  PD Dr. Catherin Niemann (Scientific Curriculum)  ZMMK-Forschungsgebäude – Robert-Koch-Str. 21 – 50931 Cologne, Germany  Phone +(49) 221 478 98435 – Fax +(49) 221 478 3560  <http://www.cmmc-uni-koeln.de/ipmm/> |

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| **Application Form**  **Interdisciplinary Program Molecular Medicine (IPMM)**  **University of Cologne** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART I**  **Personal History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Personal Data** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family Name | | | | | | | | | | | | | | | | | | | | First Name | | | | | | | | | | | |
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| Date of Birth (dd.mm.yyyy) | | | | | | | | | | Place of Birth | | | | | | | | | | | | | | | | | Sex | | | | |
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| **Postal Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Code | | | | | | | | City | | | | | | | | | | Street | | | | | | | | | | | | | |
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| Phone (optional) | | | | | | | | | Phone Lab | | | E-Mail | | | | | | | | | | Registration No of University, if registered | | | | | | |
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| **Academic Record** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Academic Degree, Subject (e.g.: M.Sc. in Biology) | | | | | | | | | | | | | | | | | University | | | | | | | | | | | | | | |
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| Title of Diploma-, Master -Thesis or equivalent Degree | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Overall final Grade | | | |
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| **Member of specialized Sub-Program** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No |  | Yes | |  | | Please select - Name of Program | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| **Reference I** | | | | |  | | | | | | | | | | |  | | | **Reference II** | | | | | | | | | | | | |
| Name | | | | | | |  | | | | | | | | |  | | | Name | | | | |  | | | | | | | |
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| E-Mail | | | | | | |  | | | | | | | | |  | | | E-Mail | | | | |  | | | | | | | |

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| **Application Form**  **Interdisciplinary Program Molecular Medicine (IPMM)**  **University of Cologne** | | | | | | | | | | | | |
| **PART II**  **Doctoral Proposal** | | | | | | | | | | | | |
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| **Supervisor** | | | | | |  | | | | |  | |
| Doctoral Qualification | | | | | | Family Name | | | | | First Name | |
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| **Institute / Department** | | | | | | | | | | | | |
| Name | | | | | | | | | | | | |
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| Postal Code | | Street | |  | | | | | City | |  | |
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| Phone Office | |  | | | | |  | | E-Mail | |  | |
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| **Title of Doctoral Thesis Proposal** | | | | | | | | | | | | |
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| **Beginning of Thesis Work** | | |  | | | |  | | | | | |
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| **Funding** | | | | | | |  | | | | | |
| Source | | | | | | | Funding-Code/ Grant-Nr. | | | | | |
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| Funding Period | | | | | | |  | | | | | |
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