



<b>OFFICE USE ONLY</b>
<i>AP</i>
<i>RJ</i>
<i>RS</i>

Date of Submission: \_\_\_\_\_  
mm/dd/yyyy

Head of Department: \_\_\_\_\_  
Signature

**DOCTORAL RESEARCH SUPPORT GRANT PROGRAM  
APPLICATION FORM FOR 2021-2022**

**PERSONAL INFORMATION (PLEASE TYPE)**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Male  Female

Date of birth (mm/dd/yyyy) \_\_\_\_\_ Citizenship \_\_\_\_\_ Sex \_\_\_\_\_

- Department/Program: \_\_\_\_\_
- E-mail address: \_\_\_\_\_

When did you enroll in the doctoral program? \_\_\_\_\_

What year will you be in during the DRSG? \_\_\_\_\_

What is the expected date of completion? \_\_\_\_\_

Have you studied at CEU before your PhD? Yes  No  What program? \_\_\_\_\_

If CEU Fellowship recipient, how many months have you received funding to date? \_\_\_\_\_

- Permanent address

Number & Street \_\_\_\_\_

City/State \_\_\_\_\_ Zip/Post code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

- What period of time do you anticipate being abroad?  
Months:  one  two  three  Other \_\_\_\_\_

Please give start and end dates: from \_\_\_\_\_ to \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

**ACADEMIC INFORMATION**

- Name of Supervisor at host university or research institution

Name \_\_\_\_\_ Department \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

- Name and address of university or research institution you are intending to visit

Institution/Number & Street \_\_\_\_\_

City/State \_\_\_\_\_ Zip/Post code \_\_\_\_\_ Country \_\_\_\_\_

**DECLARATION:** I undertake to comply with the University's regulations and policy on the Doctoral Research Support Grant Program

Program \_\_\_\_\_ Signature \_\_\_\_\_

**Check list (please tick in the box):**

- |   |  |
|---|--|
| <input type="checkbox"/> Statement of Purpose ( <i>max. 3 pages</i> ), including: | <input type="checkbox"/> Invitation letter from External Supervisor              |
| - Benefits of the visit for your research   | <input type="checkbox"/> Letter of Acceptance from Host University               |
| - Research Plan   | <input type="checkbox"/> Information on living costs (on a monthly basis)        |
| <input type="checkbox"/> Confidential letter & form from CEU Supervisor           | <input type="checkbox"/> Information on travel costs <input type="checkbox"/> CV |
| <input type="checkbox"/> CEU Transcript (unofficial)                              |  |



**BUDGET REQUEST**

Have you applied to other sources of funding?  Yes  No

If yes, please attach a list of the sources and the deadlines by which you expect to receive an answer.

Please include the exchange rate: €1.00 =

**FINANCIAL INFORMATION:**

Provide exact figures (in EUR) for the following:

• <b>Monthly Living Cost</b> (housing & meals only)	€	
<b>Nº of months</b>		<b>Sub total: €</b>
• <b>Monthly Health Insurance Cost</b> (please inquire as to the actual cost - it may be included)	€	
<b>Nº of months</b>		<b>Sub total: €</b>
• <b>Other Expenses</b> (please give details below):		
1. <i>Visa Fees (if any)</i>	€	
2. <i>Round trip airfare/train</i>	€	
3. <i>Public transportation (monthly pass)</i>	€	
4. <i>Personal costs</i>	€	
5.	€	
6.	€	
• <b>Tuition or Visiting Scholar Costs</b> (if any)	€	<b>Sub total: €</b>
<b>TOTAL COSTS(A)</b>		€
<b>TOTAL OF OWN RESOURCES SECURED (B)</b>		€
<b>TOTAL AMOUNT REQUESTED (A - B) FROM CEU</b>		€