***Return to:***

*Eun-Jeung.Lee@fu-berlin.de*

*Prof. Dr. Eun-Jeung Lee*

*Institute for Korean Studies*

*Freie University of Berlin*

*Fabeckstr. 7*

*D-14195 Berlin*

### APPLICATION FOR DOCTORAL PROGRAMME

* **Please ensure you complete all sections of this form as fully as possible in typescript.**
* **Use additional sheets if necessary to expand on the information in the form.**
* **Please attach copies of your degree transcripts with this application**
* **A complete list of your publications is to be submitted with this application**
* **A summary of your past and proposed research interests to a maximum of five pages is to be submitted with this application**

Where did you see this position advertised? .....................................

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| --- | --- | --- |
| **SURNAME:** | **FORENAME(S):****(in full)** | **PREVIOUS NAME:****(if any)** |
| **TITLE:** | **DATE OF BIRTH:** |  |
| **PERMANENT ADDRESS:** | **ADDRESS FOR CORRESPONDENCE:****(if different)** |
| **Phone:** | **Phone:** |
| **Email:**  | **Email:** |
| **NATIONALITY:** | **For persons who are not nationals of an EU country, please state whether you hold a valid permit to study/work in Germany.** |

**COLLEGE OR UNIVERSITY EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From/To** | Institution | **Awards Obtained** | **Precise Category of Award** **(give grades)** | **Date of Conferring** |
|  |  |  |  |  |

**OTHER QUALIFICATIONS, MEMBERSHIP OF PROFESSIONAL INSTITUTIONS ETC., INCLUDING CONFERRAL DATES.**

**PREVIOUS APPOINTMENTS**

|  |  |  |
| --- | --- | --- |
| **From/To** | **Company/Institution** | **Job Title and Responsibilities** |
|  |  |  |

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| --- |
| PERSONAL RESEARCH INTEREST |
| **Activity** | **Membership of Organisation** **(if any)** | **Level of involvement** |
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**OTHER RELEVANT INFORMATION:** Including research, conference organisation and/or participation etc.

STATE BRIEFLY Why you are applying to the Institute of Korean Studies FU Berlin and indicate the nature of a research study programme you would ideally undertake during the Programme. (Max 200 Words)

**NAMES AND ADDRESS OF TWO REFEREES** who are in a position to comment on your professional/academic ability, and who may be contacted directly by the Institute.

**NAME & ADDRESS NAME & ADDRESS**

**TEL: TEL**:

**POSITION** **POSITION**

**I declare that to the best of my knowledge the information provided by me in this application is true, and that I have read the conditions of the Arnold F. Graves Scholar Programme and wish to be considered for inclusion in the programme.**

**Signature:....................................................... Date:..................................................**