**Application for the KHYS Emergency Fund by the head of the institute and the supervisor authorized to administer doctoral examinations**

# DatA Application

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| --- | --- |
| Institute: |  |
| Name doctoral researcher: |  |
| Name of supervisor authorized to administer doctoral examinations: |  |
| Name of head of institute: |  |
| Funding duration applied for (from/to): |  |

# Depiction of the doctoral researcher’s situation incl. Confirmation of the delays in the doctoral project caused by the restrictions

# feasibility of the completion of the dissertation within the funding period

# Comprehensive Statement regarding the financial situation of the institute (if applicable including the aspect of Co-Financing)

# SIGNATURE

With our signatures we acknowledge the conditions for the KHYS Emergency Fund to Support the Conclusion of the Doctorate. In particular, the institute commits to return the funds to KHYS if the proof of submission of the doctoral researcher’s request for admission to the doctoral procedure is not provided within six months after the funding has expired. In addition, we confirm that the details provided in this form are correct and complete. We will inform KHYS immediately should alternative funds be available for the same purpose.

We also confirm that we acknowledge the [Privacy Policy for the KHYS Emergency Fund as of June 8, 2021](https://www.khys.kit.edu/downloads/Notfallfonds/2021-06-08_Privacy%20Policy_KHYS%20Emergency.pdf).

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Place, date Hand-written signature by the supervisor authorized to administer doctoral examinations

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Place, date Hand-written signature by the head of institute

**with** stamp of institute