**Statement by the doctoral researcher –**

**KHYS Emergency Fund to Support the Conclusion of the Doctorate**

# 1 Contact details of the doctoral researcher

|  |  |
| --- | --- |
| Surname: |  |
| First name: |  |
| Nationality: |  |
| Academic title: |  |
| Institute: |  |
| KIT Department: |  |
| Phone: |  |
| e-mail: |  |
| Start of doctorate: |  |
| (Planned) end of doctorate: |  |

# 2 Contact Details of the KIT supervisor authorized to administer doctoral examinations

|  |  |
| --- | --- |
| Name: |  |
| First name: |  |
| Academic degree: |  |
| Institute: |  |
| KIT Department: |  |
| Function (if applicable): |  |
| Phone: |  |
| e-mail: |  |

# 3 Planned funding duration

|  |  |
| --- | --- |
| From: |  |
| To: |  |
| Number of months: |  |

# 4 Doctoral project

## 4.1 Title of dissertation:

## 4.2 Depiction of progress of doctoral project (min. ½ page)

## 4.3 Previous financing[[1]](#footnote-1)

Scholarship

Amount in EUR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration (from/to): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract with KIT

Percentage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration (from/to): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other

Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 5 Delays caused by the restrictions implemented due to the Coronavirus Pandemic

## 5.1 Description (providing multiple reasons) of the delays in the doctoral project caused by the restrictions incl. description of the doctoral researcher’s situation (min. ¾ page)

## 5.2 Duration of the delays and indication of the planned end of the doctorate (incl. schedule)

**6 SIGNATURE**

With my signature I acknowledge the conditions for the KHYS Emergency Fund to Support the Conclusion of the Doctorate. In addition, I confirm that the details provided in this form are correct and complete. I will inform KHYS immediately should I receive funding for the same purpose (excluding co-financing of the institute, if applicable).

I also confirm that I 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).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place, date Hand-written signature   
(a digital copy is sufficient)

1. If you had several different kinds of funding, please copy the items accordingly so that there is a single entry for each financing. Financing of the first three years of the doctorate is a prerequisite (scholarship, employment contract etc.). [↑](#footnote-ref-1)