

APPLICATION FORM



Please email this form and supporting documents to:

Mr. Peter Kurz
HEPP Coordinator
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APPLICATION FORM

Last Name	First Name	Middle Name(s)
Date of birth	Place of birth	Nationality
Address		Postal Code
City		Country
Phone (home)	Phone (work)	Fax
Email		
☐ Male ☐ Female	Single Married	No. of Children















Qualifying Degree

Awarding body / place of higher education		Course of study		
Degree title	Date of award (expected)	Grade (if known)		
Supervisor				
Title of thesis and main subject(s)				
Other Degree (if applied	ala)			
Other Degree (if applicat	ole)			
Awarding body / place of higher educati	on	Course of study		
Degree title	Date of award (expected)	Grade (if known)		
Supervisor				
Title of thesis and main subject(s)				



Education

In this table, please list briefly your education and training after leaving school.

Term/ Dates	Place of higher education	Details



Course Work

Please provide a list of your course work and your grades. You can also attach a transcript. Please specify the grading system of your institution, e.g. 'A' (top 10 %), 'B' (top 20 %).

Course work	
Grading system	



Research Experience

lease provide a description of your previous research activities (implication, aim and your contribution) and list ublications if applicable.				



Research Interests

Please provide a detailed description of your research interests.
Other Information
Please describe briefly your other interests which are not directly related to your research work.



Motivation

Please describe your motivation for applying at the International Helmholtz Graduate School for Plasma Physics (HEPP).
Awards
Please list below any award that you feel is relevant to this application.
References
Please name two referees who have agreed to write a letter of recommendation upon request by HEPP.