**Request for funding of 1/2 doctoral contract**

**Application form**

1. **Information about the PhD supervisor**

**First name**……………………………………………………………………………………………………………

**Last name**………...………………………………………………………………………………………………….

**Email address**………………………………………………………………………………………………….……

**Laboratory**…………………………………………………………………………………………………………...

**Title of the PhD project**……………….…………………………………………………………………………...

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1. **Information about the candidate PhD student**

**Candidate's first and last name**………………………………………………………………………………….

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**Candidate’s Citizenship** …………………………………………………………………………….……………



**Please submit ONE SINGLE application pdf file that includes the PhD proposal (student’s CV, project, …) as submitted to the IP Paris Doctoral School.**