

Doctoral Programme Form (to make contact with an applicant)	
Centrum voor Industrieel Beleid Centre for Industrial Management	
Family name (surname):	 Katholieke Universiteit Leuven
Personal name (given or first name):	

Introduction

More information can be found on the website: <http://cib.kuleuven.be>. The present form is only applicable for admission to the doctoral programme of the Centre. It is a document that will allow the Centre to make contact, to screen the application in a preliminary way, to discuss possible research topics and to explore avenues for financing the doctoral research.

Complete one copy of this application form in full. Please complete the form in English. If necessary use additional sheets of paper.

Document to enclose

Document your proficiency in English with a GMAT, TOEFL, TOEIC or IELTS certificate. Or include proof that your university studies were in English.

Send your application form to the Head of the Centre: _____

Centrum voor Industrieel Beleid
Katholieke Universiteit Leuven
Celestijnenlaan 300A Bus 2422
B-3001 HEVERLEE-(LEUVEN)
Belgium

Tel: ++ / 32 / 16 / 32.25.67
Fax: ++ / 32 / 16 / 32.29.86
e-mail: info@cib.kuleuven.be
Website: <http://cib.kuleuven.be>

1. Personal information

Family name (surname):	
Personal name (given or first name):	
Sex : [male/female]	
Place of birth : [country, town]	
Date of birth : [dd/mm/yyyy]	
Current nationality:	
Mother tongue:	

Current Postal address (for correspondence regarding this application, especially in the period April - September)

Street, number (box):			
Postal code:		City, State:	
Country:			
E-mail:			

Doctoral Programme

2. Academic Information

Post-secondary education or university studies (chronological)

Period From (dd/mm/yy) To (dd/mm/yy)	Name and address of the institution	Name of studies	Language used	Grade/ results

Title and subject of thesis (also mention the results or grade obtained):

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Other formal studies, workshops, etc. (chronological)

Period From (dd/mm/yy) To (dd/mm/yy)	Name and address of the institution	Name of studies	Language used	Qualifications obtained	Grade/ results

List of publications: use a separate sheet if applicable.

3. Professional experience (if applicable)

Research and teaching experience (chronological) (use a separate sheet if necessary)

Period From (dd/mm/yy) To (dd/mm/yy)	Name and address of the institution Name of supervisor Telephone and fax numbers	Name of subjects taught and/or description of research conducted, job title (Please distinguish between research and teaching jobs)

Non-academic professional experience (chronological) (use a separate sheet if necessary)

Period From (dd/mm/yy) To (dd/mm/yy)	Name and address of the institution Name of supervisor Telephone and fax numbers	Position (job title) and description of responsibilities	Sector (education, industry, NGO, etc.)

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You should name at least two persons who would be willing to give us more information concerning your previous studies.

Name of contact person	Contact address, Telephone and fax numbers, E-mail address	Your relationship to this person

4. Motivation and possible research topic(s)

Describe your reasons for wishing to do a PhD at our Centre.

The research topic(s) you are interested in:

5. Financing the doctoral research

Are you financed by an institute or company?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, which one?			
Can you be self-supporting during the entire period of your doctoral studies ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need financial support for a certain time period?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, please explain:			
Are you applying for an (international) scholarship or grant?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so:	Name of scholarship agency (institution, etc.):		
	Amount:		
	Period covered:		
	Did you receive confirmation that you will be granted this scholarship?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name:		Signature
Date:		