



The application is done online. You can find the step-by-step procedure here:  
<https://student.vub.be/en/specific-info-for-phd-students#application-&-re-enrolment>

This form is to be added to the online application for the doctorate. Applications without the explicit acceptance by the supervisor are inadmissible.

### APPLICATION

Please state for which doctorate you are applying

NAME OF THE DOCTORAL DEGREE (cfr. Annex 1, Central Regulations concerning the conferring of the academic PhD degree)

.....  
.....

SUBJECT OR (WORK)TITLE OF YOUR DOCTORAL RESEARCH

.....  
.....

I will start my Doctorate in academic year: .....

### STUDENT

Please use capital letters

Name, First Name: .....

Phone: .....

E-mail: .....

Highest academic degree: .....

Obtained in the academic year: .....

### DOCTORAL SCHOOL

Please select only one box (even if you will be working in an interdisciplinary doctorate)

- Human Sciences
- Natural Sciences and (Bioscience) Engineering
- Life Sciences and Medicine

\* I hereby declare to accept the role of supervisor in regard to the doctoral research of the candidate above and support his/her application. I've taken notice of the compulsory doctoral education and will help the doctoral candidate to include this into their research plan

## DOCTORAL TRAINING PROGRAMME

As of 2019-2020 the doctoral training programme is a compulsory part of your doctorate. This means you need to meet the criteria of the programme before you can submit your thesis. Through signing this document, you agree to these terms. More information about the conditions can be found on our [website](#). If you want to apply for an exemption of this compulsory part, please state if you meet one of the following criteria:

- Joint PhD, VUB is not the main institution<sup>1</sup>
- Sandwich PhD (Doing your PhD minimally 50% outside of Belgium in your home country)<sup>2</sup>
- Minimally 50% working in non-research function<sup>3</sup>
- Other<sup>4</sup>

Short Statement:

### APPROVAL SUPERVISOR\*

To be completed by the supervisor

Name: .....

Department: .....

Date: .....

Signature:

### APPROVAL FACULTY

To be completed by the faculty

Name:.....

Faculty:.....

Date:.....

Signature:

### SIGNATURE DOCTORAL CANDIDATE

Date: .....

Signature:

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<sup>1</sup> If you don't have a signed contract yet, add proof that you started the procedure (email of jointphd office VUB)

<sup>2</sup> Add in the statement your home country and what periods you expect to be in Belgium

<sup>3</sup> Add in the statement your current position, company/organization and how you combine this with your PhD

<sup>4</sup> Only exceptional cases will be taken into consideration by the Steering Committee of the Doctoral Schools