

DOCTORAL CONTRACT REQUEST 2024/2025

Information : <http://ed.math-spi.unistra.fr/>

Form to be sent to the MSII Doctoral School

NAME :

FIRST NAME :

SEX :

DATE OF BIRTH :

NATIONALITY :

ADDRESS :

MILITARY SITUATION :

MASTER OF ORIGIN :

Name of the diploma :

Domain :

Mention :

Speciality :

Discipline of the Master :

ORIGIN TRAINING (Master's degree, Master's degree, Engineering school, etc.° :

TITLE OF THE THESIS * :

THESIS DIRECTOR * :

HOST LABORATORY * :

Visa of the Thesis Director

Date and signature of the candidate

Visa of the Director of the hors unit

TELEPHONE NUMBER AND EMAIL WHERE YOU CAN BE REACHED BY THE END OF JUNE 2024 :

École Doctorale MSII
Direction de la Recherche
Département Formation Doctorale
Collège des Écoles Doctorales
46, Boulevard de la Victoire
67000 STRASBOURG
Tél : 03 68 85 17 29
Fax : 03 68 85 16 93
<http://ed.math-spi.unistra.fr/>

* TO BE COMPLETED AFTER AGREEMENT WITH YOUR FUTURE DIRECTOR OF THESE

ATTACHMENTS TO BE ATTACHED :

1. RESULTS OF THE WRITTEN TESTS OF THE MASTER (MARKS + CLASSIFICATION RELATING TO THE WRITTEN TESTS)
2. COMPLETE RESULTS AT THE MASTER'S DEGREE LEVEL (WITH RELATIVE RANKING)
3. CV DETAILS SPECIFYING THE GRADES OBTAINED AT OTHER DIPLOMAS
4. LETTERS OF RECOMMENDATION (TEACHERS, INTERNSHIP SUPERVISOR)
5. MOTIVATION LETTER
6. COMPLETE INFORMATION SHEET
7. HEARING CERTIFICATE