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**Composition of the application**

1. Information on the doctoral student

2. Information on the mobility

3. Description of the mobility project

4. Commitment of the doctoral student and his / her laboratory

5. Reasoned opinions and signatures of the thesis director, of the laboratory director and visa of the director of the doctoral school

**Documents to be attached**

* This file duly completed and signed
* A CV of the candidate
* A letter of invitation from the host institution

**Application**

TRANSMIT THIS APPLICATION FORM COMPLETED, SIGNED AND COMPLETED WITH ALL JUSTIFICATION TO

https://framaforms.org/aap-phds-mobility-2023-1608289249

by **1 p.m. on 07 December 2022 at the latest.**

**Contact**

for information, contact Frédéric Luginsland

Tel: + 33 (3) 20 79 87 19 - Mail: international-college-doctoral@univ-lille.fr

*Any incomplete form or one received after the closing date for registration will not be taken into account.*

1. **Information on the doctoral student**

|  |  |
| --- | --- |
| **INFORMATION ON THE DOCTORAL STUDENT** | |
| Civility |  |
| LAST NAME |  |
| First name |  |
| E-mail |  |
| Phone Number |  |
| Address |  |
| Name of thesis supervisor |  |
| Enrolment Institution |  |
| Year of thesis enrolment (2020-2021) | * 1Y * 2Y * 3Y * 4Y |
| Graduate school |  |
| Laboratory name |  |
| Funding of the thesis | * Employer and type of contract: ………………………………………………………………………………………………………………………………………... * Joint-supervision / Co-supervision (partner country, University) : * Other, specify : ……………… |

1. **Information on mobility**

|  |  |
| --- | --- |
| **ADMINISTRATIVE MANAGER OF THE LABORATORY OF ORIGIN (FOR THE ADMINISTRATIVE MANAGEMENT OF THE APPLICATION)** | |
| NAME and First name |  |
| E-mail |  |
| Phone |  |
| **INFORMATION ON MOBILITY** | |
| Project Summary |  |
| Duration of stay |  |
| Dates |  |
| Amount of support requested from the doctoral college |  |
| Total mobility budget |  |
| **PARTNER INSTITUTION** | |
| Name of the host structure |  |
| Country |  |
| Name of local contact |  |

1. **Description of the project**

**A- DESCRIPTION OF THE PROJECT SPECIFYING ITS DOCTORAL ADDITIONAL VALUE**

*What is the objective of this mobility project? What will this mobility bring to the research project? And what is the relevance to the progress of the thesis ? Why the choice of this mobility destination? How will the project strengthen collaborations with the partner university? What are the expected results and how will they be valued ?*

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* Dates of stay (departure, return): DD / MM / YY
* Duration of stay:

**B- PROVISIONAL BUDGET OF THE PROJECT [[1]](#footnote-1)**

|  |  |  |  |
| --- | --- | --- | --- |
| **EXPENDITURE** | **AMOUNT TTC** |  | **AMOUNT AND ORIGIN OF THE INCOME** **TTC** |
| **Travel** |  | Laboratory:  Other sources:  **Amount requested from the Doctoral College:** |
| **Accommodation** |  |
| **Subsistence costs** |  |
| **TOTAL** |  |  |

Note: the total income must correspond to the total expenses

**C- CV OF THE PhD Student (ATTACH THE CV IN APPENDIX)**

**D- INFORMATION ON THE PARTNER INSTITUTION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the partner institution** | **Country of the partner institution** | **Name and function of the contact person of the partner institution** | **Previous collaborations**  **(yes or no)** |
|  |  |  |  |

**E - INVITATION LETTER FROM THE HOST LABORATORY (TO BE ATTACHED TO THE APPLICATION)**

1. **Commitment of the doctoral student and his laboratory**

**COMMITMENT OF THE DOCTORAL STUDENT**

I, the undersigned NAME First name ……………………… agree, in the event that my application is accepted by the selection committee, to:

• Perform the mobility presented in the application file during the year 2023 with a return by October 15, 2023 at the latest

• Submit a scientific assessment of the mission no later than 2 weeks after my return from the mission to the Doctoral College at international-college-doctoral@univ-lille.fr

Date:

Signature:

**ENGAGEMENT OF THE LABORATORY**

I, the undersigned LAST NAME First name …………………. Director of the laboratory …………………. undertake, in the event that the application is retained by the selection committee, to ensure the administrative follow-up relating to the mobility of the doctoral student and:

* That the financial report of the mission is sent to the Doctoral College no later than one month after the mobility of (NAME First name of the doctoral student) ………………………
* Indicate the contact details of the manager (contact person at the laboratory):
* LAST NAME:
* First name:
* Mail:
* Phone:

The grant will be paid after receipt of the scientific and financial reports.

Date:

Signature:

1. **Advice and signature of the thesis supervisor, laboratory director and visas of the director of graduate school**

Last name, first name, signature and advice of the Thesis supervisor :

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Last name, first name, signature and advice of the Laboratory Director:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Last name, first name, visa of the Director of the Graduate School:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Equipment or operating costs linked to research are not eligible. For accommodation costs, depending on the country you wish to go to, please refer to the scale of mission / per diem costs (meals, overnight stays) on the site: [https://www.economie.gouv.fr/dgfip/ mission\_taux\_chancellerie / fees](https://www.economie.gouv.fr/dgfip/mission_taux_chancellerie/frais) [↑](#footnote-ref-1)