



UNIVERSITÄT  
LEIPZIG

Graduate Academy  
Leipzig

## Registration as a Member of the Graduate Academy Leipzig - Postdoc

Name

Surname

Date of birth

Faculty

Doctorate since (date of doctorate certificate)

If applicable, periods of care work to be recognised (in months)

I am employed with membership rights at a faculty or centre of Leipzig University to the extent of at least 25 % of regular working hours.

I receive a scholarship.

I hereby confirm that I

have completed a doctorate that was awarded no more than three years ago at the time of application, and

am in the academic qualification phase after the doctorate and

am predominantly engaged in research at Leipzig University.

Place, Date, Signature Postdoc

Place, Date, Signature Head of Department