VISESS Research Funds Application Form

# General application details

## Personal and contact information

|  |  |  |  |
| --- | --- | --- | --- |
| Last name: |  | First name(s): |  |
| Student ID: |  | Date of birth: |  |
| Gender: | f  m  x | Citizenship: |  |
| E-Mail: |  | Phone: |  |

## Doctoral thesis project and study progress

|  |  |  |
| --- | --- | --- |
| Title of doctoral thesis: |  | |
| Supervisor(s): |  | |
| Dissertation field: |  | |
| Funding situation: | globalbudget-funded  third-party funded  self-funded | |
| VISESS Student membership: | I confirm that I am a student member of VISESS and have agreed to the [Code of Good Practice](https://visess.univie.ac.at/phd-programme/code-of-good-practice/) | |
| Date of admission (DD.MM.YY): | |  |
| Date of public presentation (FÖP) (DD.MM.YY): | |  |
| Date of doctoral thesis agreement (DD.MM.YY): | |  |
| I confirm that I have submitted my annual reports in the following semesters: | |  |
| Semesters in which you took a leave of absence: | |  |
| Semesters in which you participated / are planning to participate in the VISESS Seminar: | |  |
| Title of Big Picture Talk you co-organised / are planning to co-organise: | |  |

# Cost overview

List the expenses for which you would like to apply for financial support.

|  |  |  |  |
| --- | --- | --- | --- |
| Purpose | Spending date/period | Destination (in case of mobility) | (Estimated) costs in € |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total amount | | |  |

If the funding provided by the VISESS Research Funds only covers part of the costs, submit a plan showing how you intend to cover the remaining costs:

|  |  |
| --- | --- |
| Funding source | Financial Support in € |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total amount provided by other sources in € |  |
| Remaining Costs to be covered by VISESS Research Funds |  |

# Research-relevance

Briefly explain the research relevance of the above-mentioned expenses, resp. explain why the above-mentioned expenses are necessary for your doctoral project.

# Confirmation

I confirm that I have checked alternative funding opportunities (e.g. project funds, FGGA Nachwuchsförderung) and declare that I cannot use other sources of funding for the above purpose or other sources of funding do not cover the full amount of the expenditure.

I confirm that I am aware that reimbursements are only possible against invoices (issued in my name) and proof of payment. I understand that if I cannot provide invoices for the expenses listed in the application, I will not receive reimbursement even if the expenses have been approved.

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Date Signature