

KCSE Graduate School

Application Form for PhD Students

| First name and family name: |
|---|
| Department /School: |
| Postal address: |
| Email address: |
| Phone number: |
| Start date of PhD: |
| Estimated date of licentiate/doctorate: |
| Title of research project: |
| • Keywords: |
| Advisor (name, affiliation and contact details): |
| Description of research project (approx. 200 words, highlight in particular the computational aspects): |
| Short motivation on why to join the KCSE graduate school, and possible expectations from the school (approx. 200 words): |
| Please add a copy of the Individual Research Plan to this application. |

Signatures Student: Signature Advisor:

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Please send the form to:

 Philipp Schlatter, Director of Studes KCSE KTH Mechanics Osquars Backe 18 SE-100 44 Stockholm, Sweden

email: pschlatt@mech.kth.se
phone: +46 8 790 71 76

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