

Application for Proofreading

for members of the Potsdam Graduate School / Postdocs

Status: May 2020

Personal Details

Ms.	Mr.	no address	_____
Form of Address			Title
_____		_____	
First Name	Last Name		

Scientific Details

I am a temporary employed postdoc at the University of Potsdam	

Affiliation (institution, faculty, department)	

Business address	

Phone Number	Email address
_____	_____

Application details

Type of publication (excerpts of the PhD thesis, paper, talk etc.)

Title of the publication

Name of the Journal / Publisher

Scope of the publication (number of pages, length)

The proofreading should be affected until: _____

Brief motivation for application – 250 characters maximum

Date, your signature

With your signature you confirm that your application complies with the funding criteria of the Potsdam Graduate School and that you have read the information sheet!

To be filled out by the Potsdam Graduate School:

Code:

Granted amount:

Date, Signature PoGS