Research Apprenticeship: Pre-Doctoral Level Provide your full legal FIRST NAME * Provide your full legal MIDDLE NAME * Provide your full legal LAST NAME ' Date of Birth * City of Birth * Country of Birth * Country of Citizenship *

| Home Address * | |
|----------------------------|--------------------|
| Country | |
| Select | ~ |
| Address | |
| Address Line 2 (optional) | |
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| City | |
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| State, Province, or Region | Zip or Postal Code |
| Mailing/Postal Address * | |
| Country | |
| Select | • |
| Address | |
| Address Line 2 (optional) | |
| City | |
| State, Province, or Region | Zip or Postal Code |

| he address you would | like any mail to be sent to so please be as specific as possible |
|---|---|
| Phone Number of | Mail/Post Recipient * |
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| Provide your perso | onal mobile phone number * |
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| Passport Identifica | tion Page (if you have a passport) |
| | Choose File |
| Upload a file. No files ha | ave been attached yet. |
| Acceptable file types: .c. Enter your email ac | sv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff ddress * |
| ". | |
| email@example.com | 9 |
| <u> </u> | ou currently studying for? * |
| <u> </u> | ou currently studying for? * |
| <u> </u> | ou currently studying for? * |
| What degree are y | ou currently studying for? * graduate from your home institution? * |
| What degree are y | |
| What degree are y What year will you | |

| ndi | cate below which of the following internships you wish to apply for: * |
|-----------|--|
| Han | cate below which of the following internships you wish to apply for. |
| | Research Apprenticeship in the Lucy Institute for Data & Society |
| | Research Apprenticeship with Prof. Prashant Kumat - SEMICONDUCTOR NANOSTRUCTURES FOR LIGHT ENERGY CONVERSION |
| | Research Apprenticeship with Prof. Kasturi Halder NEURODEGENERATION |
| | Research Apprenticeship with Prof. Kasturi Halder - NEGLECTED INFECTIOUS DISEASES |
| Sele * | ect the time period (s) in which you are available to participate in the Program |
| | June 2, 2024 - July 27, 2024 July 7, 2024 - August 21, 2024 |
| Pleas | te note, that applicants can chose 1 or both time periods but may only be selected for 1 |
| | se indicate your interest in the internship you are applying for detailing what |
| - | our interests and background are relevant to the project and describing any |
| prio | r research experience you have had. * |

Limit: 750 words

What are your plans after graduation? *

| | | Limit: 150 word |
|---|--|-----------------|
| , , | cademic transcript (with English translationate. The transcript must have your name | • |
| | Choose File | |
| Jpload a file. No files have been atta | ched yet. | |
| Acceptable file types: .csv, .doc, .doc | x, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .s | vg, .tif, .tiff |
| Please upload your CV * | Choose File | |
| Jpload a file. No files have been atta | ched yet. | |
| Please provide the name of y | x, .ødt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .s your faculty research advisor from your ho uring your apprenticeship and who will c | ome |
| co-supervise your ND resear | ch project on your return to your home in | stitution?* |
| | | |
| What is the the departmental | affiliation of your faculty research adviso | or? * |

| email@example.com | | | |
|----------------------------|--------------------|---------|----------|
| Address of your faculty | research advisor * | | |
| Country | | | |
| Select | | | ~ |
| Address | | | |
| | | | |
| Address Line 2 (optional) | | | |
| | | | |
| City | | | |
| | | | |
| State, Province, or Region | Zip or Pos | al Code | |
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