

Departement Geschichte **BASEL GRADUATE**SCHOOL OF HISTORY

BASEL GRADUATE SCHOOL OF HISTORY

## ADMISSION FORM FOR ASSOCIATED MEMBERS

SURNAME:	
NAME:	
DOCTORAL SUBJECT:	
DOCTORAL STUDENT AT (University,	
Institute):	
DATE OF BIRTH:	
CITIZENSHIP:	
E-MAIL UNIVERSITY:	
E-MAIL PRIVATE:	
TITLE OF PH.D. THESIS:	
11122 01 111.5. 1112010.	
I hereby apply to become an Associate Member of the Basel Graduate School of History (BGSH).  I am interested in associate membership for the following reasons:	
Tail interested in associate membership for the following reasons.	
In addition, I acknowledge, - that if I am accepted, I will receive a project page on the BGSH website and that I must update this page; - that in case of admission I will be added to the BGSH email distribution list.	
I am aware  - that acceptance as an associate member of the Basel Graduate School of History does not constitute an employment relationship;  - that as an associate member I have no entitlement to funding from the BGSH or to a work place.	
I enclose a curriculum vitae and an abstract of my	. ,
Place, Date	