Bonn-Cologne Graduate School of Physics and Astronomy Travel Allowance Application



Personal Information		
Surname, first name		
Institute, address		
Private address		
Phone		E-Mail
MSc student	PhD student	Start date of MSc/PhD
Information Regarding	the Expenses	
Please attach a short des	scription and moti	ivation for the expenses (signed by you & your supervisor).
Summer School	Workshop C	Conference Travel dates
Title & location		
Breakdown of the costs a	and total amount ((estimated)
TOTAL:		
Supervisor Information	1	
Surname, first name		
Institute, address		
Phone (official)		E-Mail (official)
Evaluation (to be filled	in by BCGS)	
lr	n the amount of	Date, signature of the BCGS Spokesperson
○ Granted		
O Declined		
	Bonn-Cologe	ne Graduate School of Physics and Astronomy

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