**Questionnaire\***

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| Application Round: *MM/YY*  Program | Clinician Scientist Programm  Medical Scientist Programm  Medical Data Scientist Programm |
| Surname: |  |
| First Name: |  |
| Academic Degree: |  |
| **Degree(s) and Grades** | |
| **School leaving qualification (A-Level, Leaving Certification, High School Diploma, etc.):**  *Final Grade Point Average* |  |
| **Medical Examination**¶ **/ University Degrees (Bachelor and Master):**  *Corresponding Date and Grade* |  |
| **Doctorate#:**  *Grade/Predicate (e.g. “Dr.med.”)* |  |
| **Awards** | |
| *Date, Title, Awarding Association/Foundation, Remuneration* |  |
| **Scholarships** | |
| *Duration (MM/YY – MM/YY), Description (e.g. travel grant), Name Scholarship Fund/Association, Remuneration* |  |
| **Third-Party Funds awarded to the Applicant** | |
| *Duration (MM/YY – MM/YY), Project Title, Funding Organization, Funding Amount* |  |
| **Patents** | |
| *Number, Title, Inventor(s)* |  |
| Date  Signature |  |