



PhD cohort Graduate Program LExFI Application Form



Last name(s):	
First name(s):	
Institutional e-mail:	@u-bordeaux.fr
	ess regularly or to redirect incoming e -mails to an address ons will be sent to your institutional e -mail. $ ilde{\triangle}$
Phone #:	
Doctoral school:	
(Projected) Thesis title:	
Keywords:	
Thesis supervisor's recommendati	ion on the candidate and their research project
Date:	Signature :

Section D : Research project (Projected) Thesis title Abstract (between ½ and 1 page)Clear research question(s) and its/their originilaty and/or significance in the field / Objective(s) / Method(s) / Expected impact

Letter of intent (between ½ and 1 page) Description of the candidate's motivations.		

Contact

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