

Application Form

Kohli Fellowships 2024

Name										
Current Affiliation										
Email										
University Degrees <table><thead><tr><th><i>Name of Degree</i></th><th><i>Year</i></th><th><i>University</i></th><th><i>Discipline</i></th><th><i>GPA</i></th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>	<i>Name of Degree</i>	<i>Year</i>	<i>University</i>	<i>Discipline</i>	<i>GPA</i>					
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Date of PhD Defense (or expected date)										
Title of PhD Thesis										
Title of Proposed Research Project										
Who would you like to collaborate with at the WZB? Please name one research unit and at least one potential collaborator.										
Why do you think this research unit would be a good fit? (max. 500 words)										