

Interdisciplinary Center for Integration and Migration Research (InZentIM) Membership application

Last Name, Name			
Form of address Title			
Faculty, Institute			
Business address			
Affiliation/University			
(only for associated memberships)			
E-mail address			
Telephone			
Homepage			
Social Media			
(Academic) personnel group	_		pership (according to the affiliation with the UDE)*
a) University professor		☐ indefinite	☐ limited until:
b) Academic staff member		□ indefinite	☐ limited until:
c) Administration employee		☐ indefinite	☐ limited until:
d) Doctoral student			☐ limited until:
(if b does not apply)			
e) BA/MA student			☐ limited until:
*Please state the expected duration of your employment contract or (doctoral) studies.			
	-		
For (academic) personnel group	s b-e	supervisor/supe	rvising university lecturer:
Last Name, Name			
Course of study/Subjects			
Research and Work Focus			
With thematic reference to			
With thematic reference to			
With thematic reference to the InZentIM			
With thematic reference to the InZentIM Other research and work areas Previous/current projects			
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Please send the application with the accompanying documents by mail to <u>inzentim.info@uni-due.de</u>. If you have any questions, please contact the managing director Merve Schmitz-Vardar (<u>merve.schmitz-vardar@uni-due.de</u>, 0203-379-7074).