

CONTACT INFORMATION

First Name _____ Family Name _____

Date of Birth (DD/MM/YYYY) _____ Citizenship _____

Current Address (Street, House No, ZIP code, City, Country) _____

Email Address _____ Telephone + _____

Gender: Male Female Diverse Prefer not to say

GROUP PREFERENCE

Please select at least one and up to five [participating groups](#) as indicated on our webpage, from the drop down menu.

Group #1 Choose an item. Group #2 Choose an item. Group #3 Choose an item.

Group #4 Choose an item. Group #5 Choose an item.

CURRENT OR MOST RECENT STUDIES

Please indicate here your current or most recent university studies. If you are currently studying for your MSc, please indicate your master's studies.

Degree Type (e.g. BSc, MSc...)	
Complete name of official degree	
Major field of study	
University/Institution	
Country	
City	
Date attended from	
Date Attended to	
Duration of degree (years)	
Grade average (as in transcripts)	
Grade format (as in transcripts)	
Grade point average (%)	

MOTIVATION LETTER (max 400 words)

We would like to get a better picture of you and the reasons you are applying for an internship at IMB. Therefore, please **refrain from using AI-generated texts**, and describe instead your personal research interests and future plans in your own words.

TYPE OF INTERNSHIP YOU ARE APPLYING FOR

Please make sure to review the regulations for voluntary internships on our [webpage](#).

- | | |
|--|---|
| <input type="checkbox"/> Bachelor's thesis | <input type="checkbox"/> Master's thesis |
| <input type="checkbox"/> Mandatory internship required by study regulations | <input type="checkbox"/> Voluntary research internship <u>without</u> own funding |
| <input type="checkbox"/> Voluntary research internship <u>with</u> own funding | <input type="checkbox"/> Other (e.g. ERASMUS; please specify in your motivation letter) |

ADDITIONAL INFORMATION

Do you have funding (e.g. ERASMUS fellowship) for your research internship?

Yes No Not yet but I'm planning to apply (please specify in your motivation letter)

How long would you like your internship to be? Please indicate the exact duration (months or weeks) of your intended internship: _____

Do you need a visa to come to Germany for a research internship? Yes No

Please indicate the end of your current (or last) university enrollment (date): _____

When would you like to start your internship? Start date: _____ End date: _____

Please add the contact of **one referee** (e.g. former supervisor, teacher):

Referee's First Name _____

Referee's Family Name _____

Referee's Institution _____

Referee's Current Address (Street, House No, ZIP code, City) _____

Referee's Email Address _____

Referee's Telephone + _____

APPLICATION CHECKLIST

High school certificate

University transcripts from all studies

University degrees (if studies are completed)

Confirmation of enrollment, if currently still enrolled at university

Curriculum Vitae

Fully completed application form

By sending this application, I consent to IMB saving my personal data in order to carry out the selection process. I have read IMB's Privacy Policy and agree to its terms (www.imb.de/jobs/data-protection).