# NCCR Robotics Master STUDENTS EXCHANGE PROGRAM

# Application form

## PERSONAL DATA

First name

Middle names

Last name

Birth date       Nationality

**Address**

Full address

Zip code       City

Canton / Province / State       Country

**Contact details**

Email

Mobile phone

## EDUCATION

### Bachelor studies

Name of the institution

City       Country

Website of the institution

Title obtained

Begin date of studies       End date of studies

Average grade       Max. possible grade

### Master studies

Name of the institution

City       Country

Website of the institution

Title to be obtained

Begin date of studies       End date of studies (predicted)

Current average grade       Max. possible grade

## Your master project

1. In which kind of project would you like to work on)  
   (in which [NCCR Robotics lab](https://nccr-robotics.ch/nccr-labs/)(s) would you like to work on)?

1. Why are you interested in working with one of the NCCR Robotics projects?

1. Why do you think you would fit into one of the NCCR Robotics projects?

1. When would you like to begin your project (and how long do you estimate it to be)?

The exchange program must begin within the period of December 1 and March 1, and can last up to 6 months.

1. Describe previous projects you were involved in (max. 1000 characters per project)

1. List of publications (articles, books, chapters, etc) that you have authored

1. List of awards that you have been attributed

## Languages

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mother tongue | Writing | | | | Oral | | | |
| Excellent | Good | Medium | - | Excellent | Good | Medium | - |
| English |  |  |  |  |  |  |  |  |  |
| French |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

## Referees

### Referee 1

Please attach a minimum of 2 reference letters from a Professor or/and previous employer (maximum 1000 words)

Title

First name       Last name

Institution

Address of institution

Zip code       City

Canton / Province / State       Country

Email

Telephone

### Referee 2

Title

First name       Last name

Institution

Address of institution

Zip code       City

Canton / Province / State       Country

Email

Telephone

### Referee 3

Title

First name       Last name

Institution

Address of institution

Zip code       City

Canton / Province / State       Country

Email

Telephone

## REQUIRED DOCUMENTS

Please email all the required documents to [scholarship-nccr-robotics@groupes.epfl.ch](mailto:scholarship-nccr-robotics@groupes.epfl.ch), with the subject “NCCR Robotics Master Students Exchange Program”

Application form

Curriculum vitae

Motivation letter (maximum 1000 words)

Official transcripts from your university stating your academic results of the last 2 years up to the most recent one

2 reference letters from a Professor or/and previous employer (maximum 1000 words)

Scan of your passport / id card

Date: Day Month Year