**2025 CALL FOR APPLICATIONS**

**on PhDs’ Mobility**

# **Applicants**

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| Institut Mines-Télécom | |
| Name of the PhD applicant |  |
| IMT Technical University |  |
| IMT Department / Research Group |  |
| Thesis supervisor of the applicant |  |
| Start date of thesis  Expected date of thesis defense |  |
| E-mail |  |
| Nationality |  |
| EULiST partner (Host Institution) | |
| EULiST University |  |
| EULiST Department / Research Group |  |
| EULiST Contact Person (researcher) |  |

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# **Research Collaboration & Objectives**

# **Please provide a short description of the scientific topic of the thesis and of the expertise of the research tandem.** (complementarity, joint experience in other projects, etc)

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| *(What is the scientific topic of your thesis? What is the expertise of the research team targeted in EULiST? What are the previous experiences with the EULiST partners (if needed)).* |

**Objectives of the exchange for the PhD, his thesis and the collaboration with the EULiST partner**

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| *(What are the expected outcomes and added value for the thesis?)* |

# **Please mention if other partners will be committed in the exchange.** (associated researchers, industrial partners, start-ups)

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| *(Provide a brief description of the other potential partners (in addition of the EULiST ones)).* |

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# **Expected Impacts**

# **Please describe the expected impacts on the research topic, your personal research career and IMT research strategy**

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| *(What could be the impacts for the research topic? How will you take benefit of this exchange for your research, your IMT Department / Research Group and for IMT)* |

# **Please describe the potential for long-term collaboration with the EULiST partner**

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| *(How will you try to ensure a long-term collaboration with the EULiST host research team. What kind of actions will you implement for that (new exchanges, common proposals for public funded projects…)?)* |

# **Mobility details**

**Desired duration and dates of the exchange**

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| *(From 3 to 6 months. Indicate the date of the exchange)* |

**Complementary funding requested at (if applicable):**

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| *(Describe any kind of complementary funding your will use for the exchange (if any)).* |

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Signature(s) of the author(s):

I hereby confirm my support for this application.

Signature(s) of the Supervisor(s):

Signature(s) of the EULiST contact person(s):