

KSOP SCHOLARSHIP APPLICATION FORM

FOR THE PROGRAM

M.Sc. in Optics & Photonics

Please note: Only applicants for the M.Sc. program or current KSOP students can apply for the KSOP scholarship.

1. Personal Data	
Full name (please underline last name):	
	Insert photo
Date of birth (MM/DD/YY):	here
Place of birth:	
Nationality:	
Sex:	
KSOP student status: ☐ applicant ☐ current student	
Correspondence address:	
Telephone: Fax:	
E-mail:	





	2.	Educational	Record ¹⁾
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Qualification before entering an institution of higher education (G.C.E. [O+A level], Baccalaureate, Abitur, Lisse Diplomasi, Apoliterion, etc.):

Kind: Result:

Place: Date of issue:

Institutions of higher education attended (College, Graduate School, University, etc.):

Educational Institution	Location	Major field of studies	Degree held, and result/grades	Years of study / from to

¹⁾ Attach verified academic certificates (school certificate/diploma, University transcripts, University degree certificate).



²⁾ Please note: Where the grading system does not follow the British ("1st, 2nd, 3rd"), U.S. ("A, B, C") or German guidelines, an explanation of the grading system has to be attached.



3. Travel record (list periods spent out of your home country, i.e. for continued education, internships or else)					
Countries visited	Reasons for visit or residence abroad	Dates			
4. Language proficiency 3)					
Mother tongue:					
Language(s) used in secondary s	school:				
Language(s) used in higher educ	ation:				
English proficiency:					
,	n Language - if you are from a non-English sult:	speaking country):			
	suit. te of issue:				
German proficiency:					
DAF level (Deutsch als Fremdsprace A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1	•				
AI L AZ L BI L BZ L CI					
³⁾ Please attach proofs by means of certificates about your language proficiency.					
Please do not enclose original documents but notarized copies and certified translations (where applicable). Please note that we are not able to return your documents.					
I certify that I have answered the above questions truthfully and completely to the best of my knowledge. I agree to report any relevant alteration in the information given above. I agree that this application and accompanying documents shall remain with the Karlsruhe School of Optics & Photonics. I agree that my application documents may be forwarded to the industry partners of the KSOP scholarship program for consultation during the selection process.					
Place:	•				
ate: Signature:					

