



**APPLICATION FORM MENTORING  
PROVIAE & PROSCIENCE**

I am applying to participate in the following mentoring program:

- ProViae  
 ProScience

1. Name
2. Date of birth
3. Title other [please specify]:
4. Pronouns other [please specify]:
5. Contact information  
Address:  
Email:  
Phone number:
6. Current qualification phase: since [month/year]:
7. My qualification is affiliated with  
Faculty:  
Institute:  
Professorship/research group:
8. Status other [please specify]:

9. What are your goals for the mentoring program?
10. What career paths, professional fields, or topics can you imagine pursuing after completing your current qualification phase? [optional]
11. Do you already have a mentor in mind? Please note that mentors should not be part of your current professional working relationships. [optional]
12. Which language would you prefer for the mentoring relationship as well as the individual coaching and counseling sessions?
- German
  - English
  - German or English

By signing this form, I confirm that the information provided above is accurate and complete. I further confirm that I am able to participate in the programme in English and to actively and reliably attend all mandatory programme activities throughout the duration of the mentoring programme.

Place, Date

Signature

**Attachments:**

- Letter of motivation [max. 1 page]
- CV [max. 2 page]

Please submit the completed application form together with all supporting documents as a single PDF file by email with the subject line "Application mentoring programme" to:

**ProViae:** [proviae@leuphana.de](mailto:proviae@leuphana.de)

**ProScience:** [proscience@leuphana.de](mailto:proscience@leuphana.de)