

ACP Award for Atmospheric Research APPLICATION FORM

Name of candidate: _____ (name, surname)

Address of candidate: _____ (affiliation)
 _____ (street)
 _____ (town)
 _____ (e-mail)

Supervisor or responsible person of proposed thesis: _____ (name, surname)
 _____ (affiliation)
 _____ (street)
 _____ (town)
 _____ (e-mail)

Title of proposed PhD thesis:

Date of thesis defense: _____

Please submit the application form and required enclosures until **31 August**
 to the chair of the Atmospheric Chemistry and Physics Commission (ACP):
ulrich.krieger@env.ethz.ch

Date and signature of the applicant (young scientist or responsible supervisor)

Required enclosures:

- "Name of candidate" **_ApplicationForm.pdf**
- "Name of candidate" **_CV.pdf**
- "Name of candidate" **_PhD.pdf** (submitted PhD thesis)
- "Name of candidate" **_SupportLetter.pdf** (one-page letter of supervisor **outlining the relevance** of the proposed work)