APPLICATION FOR ADMISSION

Academic year 2017-2018

Complete this application form and return it (together with your transcripts, curriculum vitae, and motivation letter) by March 31 for non-EU members and June 30 for EU citizens to:

Director of Graduate Admission ECARES Doctoral School Université libre de Bruxelles, CP 114/04 50, Av. F.D. Roosevelt B1050 Bruxelles - Belgium

The three letters of recommendation must be sent to the Director of Graduate Admission by the referees. For queries contact Ms. Christina Lemaire at +32 2 650 3838 or Christina.lemaire@ulb.ac.be

YOU APPLY FOR (check one of the	following options)						
Carefully check the General	Presentation of the ECARES	S Doctoral School to know fo	r which option yo	u should apply			
☐ Master Program in Quanti	itative Economics (ECONR)						
☐ Master Program in Econo	mics and Statistics (STATA)					
☐ Doctoral Training							
☐ Thesis writing phase							
PERSONAL INFORMATION (write in	n capital letters)						
Family name:		First name:					
Date of birth :	Place of birth:	Nationality :					
Email:	Phone:						
ADDRESS (write in capital letters)							
PRESENT							
Street and number:							
Country:		City:	Pos	t code :			
PERMANENT							
Street and number:							
Country:		City:	Post code:				
FINANCIAL AID							
Do you have your own source	es of financial support?		☐ YES	□ NO			
Did you apply for any grant? Did you apply for any grant? YES NO							
Which one(s)?							







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EDUCATION AND EMPLOYMENT (write in capital letters)





LETTER OF RECOMMENDATION

Academic year 2017-2018

Writers of letters of recommendation are requested to write a statement in a separate page and answer the questions below. The ECARES Doctoral School is grateful for any relevant information regarding the applicant, but would particularly appreciate the writer's opinion of the candidate's ability to carry out advanced studies. A careful discrimination between strong and weak characteristics of the candidate would be more helpful than routine praise.

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You can also email it to christina.lemaire@ulb.ac.be.

Information in this letter will be kept confidential. Thank you for your cooperation.

Name of Applicant	Family name		,	First name			
Please rate the applican possible indicate the nu						within the past fiv	ve years. I
	Upper 1 % or 2 %	Upper 10 % but not upper 1 % or 2 %	Upper 25 % but not upper 10 %	Upper half but not upper 25 %	Lower half	No basis for judgement]
Academic performance							
Intellectual Ability							
Motivation							1
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Signature:					_ Date:		
Printed name:			Position				
Affiliation :			Email : _				







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Intellectual Ability							
Motivation							
Potential as a teaching a Potential as a research a How long have you kno	ssistant: [] H	igh []	Adequate [] Inadequate] Inadequate pacity?	[] No basis fo		
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Signature:					_ Date:		
Printed name:			Position_				
Affiliation:			Email : _				







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[] Undergraduate	[] Graduate				[] Research a		
[] Teaching assistant [] Other:	[] Student in several classes				[] Student in	one class	
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Printed name :			Position				
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