



**Antimicrobial Resistance**

**M2 Master’s students**

**Application Form**

* Completed application form should be sent before the **Friday 11th, December 2020 to** **spais.coordination@pasteur.fr****,** specifying the subject as “AMR Call 2020- Master’s Students “
* Application to be submitted in a single .pdf file and named as follow: Applicant’s SURNAME Name\_ Lab Head’s SURNAME.pdf (example: SMITH John\_Lab CARTER)

**APPLICANT INFORMATION**

|  |  |
| --- | --- |
| **APPLICANT** |  |
| * FAMILY NAME, First name:
 |  |
| * Age
 |  |
| * Nationality
 |  |
| * E-mail address
 |  |
| * Current Affiliation (University, Engineer or Medical School)
 |  |
| * Title of your Master
 |  |
| **INSTITUT PASTEUR HOST RESEARCH ENTITIES**  |  |
| **First Host Entity** |  |
| * Name of the head
 |  |
| * Name of the supervisor
 |  |
| * Project Title
 |  |
| * Preferred start date of the scholarship
 |  |
| **Second Host Entity (when applicable**) |  |
| * Name of the head
 |  |
| * Name of the supervisor
 |  |

1. **DESCRIPTION OF THE PROPOSAL (**1 p. max, Arial 12-point)

**Context:**

**Objectives:**

**Work Plan:**

1. **SIGNIFICANCE /ARTICULATION OF THE PROPOSAL WITH THE AMR RESEARCH ACTIVITIES** (10 lines p. max)
2. **MOTIVATION OF THE MASTER’S STUDENT** (10 lines max.)

*Explain why you would like to work on this research proposal.*

1. **CV OF THE MASTER’S STUDENT,** Annex 1