



Dr. Kalinski
Scholarship Program
for Jewish Medical
Students

APPLICATION ASSESSMENT for doctoral funding via the “Dr. Kalinski Scholarship Program”

I hereby nominate my doctoral student for admission
to the “Dr. Kalinski Scholarship Program”.

I. SUPERVISOR DETAILS

Title/Form of Address:

Name:

Institution:

Institute/Department:

Work Address:

.....

Telephone:

E-mail:

II. INFORMATION ABOUT THE DOCTORAL STUDENT

Title/Form of Address:

Name:

Address:

.....

Telephone:

E-mail:

Academic field:



III. DOCTORAL STUDENT'S ACADEMIC BACKGROUND

1. In what capacity do you know the applicant, and how long have you known them?

2. Qualifications*

a) How would you rate the applicant in terms of: their critical thinking and reasoning; ability to solve academic problems; subject knowledge and level of expertise; ability to contextualise their own academic work; time and resource management skills; interpersonal and teamwork skills?

b) How would you assess the applicant relative to your current and former doctoral students?

* If you do not have enough space for your answers, please use the final page or attach an extra page to adequately answer the questions.



3. Dissertation Details*

a) Working title of the dissertation:

b) How would you assess the dissertation project in terms of the following: originality; methodological rigour; scientific/practical significance?

4. Practical Considerations

a) Who is responsible for the day-to-day supervision of the doctoral student?

b) Has provision been made for the necessary material resources?

* If you do not have enough space for your answers, please use the final page or attach an extra page to adequately answer the questions.



5. When did work on the dissertation commence (month, year)?

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6. Within what timeframe do you anticipate completion of the dissertation?

(The standard funding period of the "Dr. Kalinski Scholarship Program" is 12 months, with funding extensions of 3 months sometimes possible.)

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City, Date

.....
Signature



FURTHER INFORMATION

If the space provided for one of your answers was insufficient, please use this space to complete your answer. Please first indicate the point (number/letter) that you are expanding upon:

If you would like to expand upon multiple points, please attach a further page.