**Instruction to Applicants**

The Summer course offered by SCELSE aims to encourage interdisciplinary approaches for a better understanding of biofilm driven processes. Hence, applicants with experience and/or demonstrated skills in STEM disciplines are highly encouraged to highlight this in their application and submit additional documents when applicable.

**Kindly attach the following supporting documents when you submit the application form -**

* Curriculum vitae bearing your most recent passport-sized photograph
* A scanned copy of your Passport
* A scanned copy of your TOEFL results or other documentary evidence of English language proficiency (*for applicants who are based at universities where English is not the medium of instruction*)
* A scanned copy of your educational certificates and transcripts or other relevant documents
* All documents must bear your name.

The application form must be completed in English. The supporting documents, if not in English, must be accompanied by copies of their English translation. Should you give inaccurate details or suppress any material information, your application or the subsequent offer will be declared void.

It is the applicant's responsibility to secure the consent of at least two referees before the application is submitted. They will be requested to submit short references on an

as-needed basis.

**Process of application is as follows:**

The application form and supporting documents are to be sent to

[SCELSE-SummerCourse@ntu.edu.sg](mailto:SCELSE-SummerCourse@ntu.edu.sg)by **10th March 2025**.

Successful applicants will be notified via email by **14th April 2025**.

### PERSONAL PARTICULARS

|  |  |
| --- | --- |
| Family Name/Last Name**\***: |  |
| First Name/Given Name**\***: |  |
| Middle Initial |  |
| Citizenship\*: |  |
| Date of Birth: |  |
| Gender\*:  *\*This information will be used towards gender balance among course participants.* |  |
| Primary Institutional Affiliation\*: |  |
| Current Country of residence\*: |  |

|  |  |
| --- | --- |
| **HOME ADDRESS** | |
| Street |  |
| City |  |
| State |  |
| Country |  |
| Postal Code |  |
| Phone\*: |  |
| E-mail\*: |  |

|  |  |
| --- | --- |
| **INSTITUTIONAL ADDRESS** | |
| Street |  |
| City |  |
| State |  |
| Country |  |
| Postal Code |  |
| Phone\*: |  |
| E-mail\*: |  |

### PROFESSIONAL PARTICULARS

|  |  |
| --- | --- |
| Professional Status\*: | Graduate (specify expected degree completion year):  Postdoctoral (Current employment status):  Others (**specify**): |
| Best Mailing Address\*: | Institution    Home |
| How did you learn about this course? | SCELSE Website  Supervisor  Colleagues  Others (**specify**): |

### EDUCATIONAL DETAILS\*

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No** | **Name of University** | **Year and Degree Title (With Specialization)**  *(Starting from your* ***highest*** *education qualification)* | **CAP/GPA** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

### RESEARCH EXPERIENCE\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From** | **To** | **Research Organisation** | **Position Held and**  **Brief description of responsibilities**  *(reverse-chronological order starting from your latest position)* | **Supervisor** |
|  |  |  |  |  |
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| --- | --- | --- |
| **Test** | **Score** | **Year** |
| TOEFL |  |  |
| IELTS |  |  |
| OTHERS |  |  |

**Please input "N/A" if not applicable.**

### PUBLICATIONS\*

|  |
| --- |
|  |

### STATEMENT OF PURPOSE\*

### Describe your reasons and motivations for applying for SCELSE's Summer Course. What experiences led to your research ambitions. Concisely state your past work in your intended field of study, and your interest in biofilm-driven process. Briefly indicate your career objectives. Your statement should not exceed 1000 words.

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|  |

### REFEREES\*

### Provide the particulars of a referee who is not a personal friend, and who is familiar with your character and work performance. Ideally, this referee should be your supervisor.

### An email will be sent to the referees asking for their evaluation and support for your application to the SCELSE Summer Course, if required.

|  |  |
| --- | --- |
| **Particulars** | **Referee 1** |
| Name/Title of referee |  |
| E-mail Address |  |
| Telephone Number |  |
| Occupation |  |
| Name of the Company/Organization |  |
| No. of years referee has known you |  |

|  |  |
| --- | --- |
| **Particulars** | **Referee 2** |
| Name/Title of referee |  |
| E-mail Address |  |
| Telephone Number |  |
| Occupation |  |
| Name of the Company/Organization |  |
| No. of years referee has known you |  |