

**Tender - Registration's file**  
**Support for outgoing mobility of doctoral students**

The Doctoral School is launching its first call for proposals to support outgoing mobility for a missio. This A.O. includes summer schools, immersion training courses offered by foreign laboratories and scientific collaborations (limited to one request per doctoral student over the duration of their thesis). Participation in conferences, colloquia or other symposia is excluded. Funding will be granted and validated by the ED board, then presented to the ED council, based on a set of criteria: suitability of the request with the thesis project, contribution of the mobility project to the laboratory and the institution.

**Amount of assistance:**

**Amount of aid\* :**

- **Accommodation expenses :**

Duration of the mobility	Amount awarded
Up to the 14th day	79€ / day
From the 15th to the 30th day	56 € / day
From the 31st day	25 € / day

- **Amount of travel expenses :**

Distance travelled	Amount awarded
Between 10 and 99 km	28 €
Between 100 and 499 km	211 €
Between 500 and 1 999 km	309 €
Between 2 000 and 2 999 km	395 €
Between 3 000 and 3 999 km	580 €
Between 4 000 and 7 999 km	1 188 €
8 000 km or more	1 735 €

After approval by the thesis director, the application must be submitted by the PhD student to the secretariat of his/her laboratory, which will forward it to the Doctoral School.

PhD students will be asked to submit a brief report on their return from the mission.

\*\*This document is available on the Doctoral School website in the "International" section.

Subsequent checks will be carried out (mission orders, invoices, travel tickets, letters from the host laboratory) to verify the reality and dates of the mobility.

This application must be returned by the secretariat of the host laboratory to :  
[ed-3mg@doctorat-paysdelaloire.fr](mailto:ed-3mg@doctorat-paysdelaloire.fr)

with a copy to the site to which you belong:

Angers University: [ed-3mg.angers@doctorat-paysdelaloire.fr](mailto:ed-3mg.angers@doctorat-paysdelaloire.fr)

Le Mans University: [ed-3mg.lemans@doctorat-paysdelaloire.fr](mailto:ed-3mg.lemans@doctorat-paysdelaloire.fr)

Nantes Université, Gustave Eiffel, IMT Atlantique: [ed-3mg.nantes@doctorat-paysdelaloire.fr](mailto:ed-3mg.nantes@doctorat-paysdelaloire.fr)

\* Subject to the availability of funds in the ED3MG budget

\*\*PhD students at EUR 3MG are invited to contact Valentin Peden ([valentin.peden@univ-nantes.fr](mailto:valentin.peden@univ-nantes.fr)).

Applicant	Name		First name		<input type="checkbox"/> Mrs	<input type="checkbox"/> Mr.	
	Birth date		E-mail				
	Registered in 1st year PhD						
	Thesis supervisor (Name / First Name)						
	Affiliation		<input type="checkbox"/> Université d'Angers <input type="checkbox"/> Le Mans Université <input type="checkbox"/> Nantes Université, Gustave Eiffel, IMT Atlantique* * <input type="checkbox"/> Doctoral School <input type="checkbox"/> Graduate School				
	Connecting laboratory						
	<input type="checkbox"/> Europe <input type="checkbox"/> Out of Europe		City :	Country:	<input type="checkbox"/> Summer School <input type="checkbox"/> Immersion Training <input type="checkbox"/> Scientific collaboration <input type="checkbox"/> Other		
Dates of travel		Of the					
Details of Application							

Planned spending	(€)	Expected Returns	(€)
Possible registration fees		Internal co-financing	
Transport		Research Unit	
Accommodation		Pedagogical Department	
Restoration		Faculty, Institute, School	
Other expenditure (specify)		Personal contribution	
–		Other funding	
–		European Union	
–		Ministry	
–		Research organization	
–		Other (specify)	
–		–	
–		–	
–		–	
–		<b>Grant requested</b>	
<b>Total 1</b>		<b>Total 2</b>	

Total expenditure (total 1) must equal total resources (total 2), including the requested grant.

<input type="checkbox"/> I certify that the costs included in the above budget are not supported by the organizer	Signature of Applicant :
---	--------------------------

*The applicant certifies not having had any help in the past from the doctoral school.*

Recommendation of the Advisor:	Name-First Name :
	Date:
	Signature:
Recommendation of the Director of Laboratory :  Ranking :  Payment of the grant to ( <i>If agreed</i> ):  EOTPs: ..... PFI: .....	Name-First Name :
	Date:
	Signature:
Decision of the Doctoral School:  <input type="checkbox"/> Unfavorable  <input type="checkbox"/> Favorable ; amount awarded: €	Name-First Name :
	Date:
	Signature: