





DOCTORAL SCHOOL OF LIFE, HEALTH, AND ENVIRONMENTAL SCIENCES (EDVSE)

WASCAL DOCTORAL RESEARCH PROGRAMME: "CLIMATE CHANGE, MINING ENVIRONMENT, AND FORESTRY (CEMIF)"

WASCAL Network Member Countries: Benin, Burkina Faso, Cabo Verde, Côte d'Ivoire, Ghana, Guinea, Mali, Niger, Nigeria, Senegal, The Gambia and Togo.

APPLICATION GUIDELINES

- 1. ATTENTION: Failure to comply with the following instructions will result in the rejection of the application.
- 2. All documents must be submitted in English, except for copies of your university degree and transcript.
- 3. The application form must be submitted in two versions:
 - Version ONE: An electronic application form completed and saved as a PDF document (PLEASE NOTE: it must be "saved as" and NOT "printed as"). This can be done using any PDF reader app or Microsoft Edge, but NOT Google Chrome.
 - Version TWO: After completing the application form, print it, sign it, and then scan it as a PDF document.
- 4. All documents must be signed, except for the electronic version of the application form.
- 5. Application documents must be attached to an e-mail message to the following address: porontare@outlook.fr, and copy capacitybp@wascal.org.
- **6.** In the email message, write the subject title as "WASCAL CCMS Application."
- 7. Each document must be attached separately; multiple pages of the same document cannot be combined into one attachment, or the application will be rejected.
- 8. The file name for each document should follow the format specified in the second column of the table below, e.g., "document_yourlastname_yourfirstname." For example, "trans cert seidou roland.
- 9. If you have a national identity card, a passport is not required for the application.
- 10. The deadline for submitting applications is January 31st, 2025.
- 11. For more information, please visit www.wascal.org or contact us at porontare@outlook.fr, copying capacitybp@wascal.org

porontare@outlook.fr Republic of Guinea Tel.: +224 620 579 392







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R	equired Documents	Contents of the file name
>	Completed application form	appl_formV1
>	Completed, printed, signed and scanned application form	appl_formV2
>	Curriculum vitae	CV
~	A Copy of the National Identity Card (ID)/Passport	ID or Pass
>	A cover letter (max. 2 pages).	motiv_letter
>	A copy of the university degree certificate	univ_cert
>	A copy of academic transcripts.	trans_cert
A	A copy of the English language proficiency certificate or, failing that, a statement indicating and justifying your self-assessment as part of English language proficiency.	Eng
>	Proof of professional experience in a field relevant to the course, SI applicable	Ехр
\	Two letters of recommendation from teachers or researchers (associate professor or senior researcher rank at least).	recom_letter1 recom_letter2
>	A written commitment to pay a registration fee of 30 euros in case of admission.	commit







Application Form

Tel.: +224 620 579 392

Inadequately completed applications will be rejected.

Please adhere to the guidelines provided

1. IDENTIFICATION

FIRST NAMES:					
LAST NAME:					
GENDER:			DATE OF		
NATIONALITY:			AGE:		
NATIONAL IDENTITY CARD NUMBER:			OR PASSP NUMBER:		
2. CONTACTS					
PERMANENT ADDRESS:					
EMAIL:					
TELEPHONE:			MOBILE PHONE:		
3. ACADEMIC C	ONTEXT				
UNIVERSITIES FREQUENTED	YEAR OF ATTENDANCE (YYYY to YYYY)	QUALI OBTAI	FICATION NED	DEGREE TITLE AWARDED	RATING AWARDED
4. LANGUAGE S	KILLS				

Please indicate according to the abbreviation below:







Tel.: +224 620 579 392

(L= Low; I=Intermediate; A=Forward)

RATING	READ	TO WRITE	SPEAK
LANGUAGES			
ENGLISH			
FRENCH			
OTHERS, SPECIFY:			
MOTHER TONGUE			

5. IT SKILLS

- 6. Please indicate according to the abbreviation below:
- 7. (L= Low; I=Intermediate; A=Advanced)

WORD	EXCEL	POWER POINT	SPSS	CANOCO	STATISTICA	SPHINX	SPAD	SPECIFY OTHER:

8. EMPLOYMENT RECORD

NAMES AND ADDRESSES OF TWO PREVIOUS EMPLOYERS (Please start with your most recent job)	DURATION OF EMPLOYMENT (YYYY/MM/DDD to YYYY/MM/DD)	POSITION HELD

I confirm, to the best of my knowledge, that the information provided in this form is accurate.

Date:	MM/DD/ YYYY	Signature:	