



ISME

Declaration of studentship (PhD/Bachelor/Master) 2024

By filling in this form, the student and his/her supervisor declare that the student is indeed registered as a student at the University mentioned below, for most of the year 2024 *; therefore having the right to a reduced fee for the ISME membership.

To be filled in by the student:

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| Name: | |
| Membership number (if already a member): | |
| E-mail: | |
| University/Institute: | |
| Address: | |
| City & Country: | |

To be filled in by the supervisor:

| | |
|-------------------|--|
| Title & Name: | |
| E-mail: | |
| Telephone number: | |

Please return a scan of this form to: submissions@isme-microbes.org

Signature student:

Signature supervisor:

Date:

Place:

University stamp (if available, otherwise include a copy of a valid student card):

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* Most of the year indicates you are registered as a student at your university for at least six months or more in 2024.