

## APPLICATION TO PHD PROGRAMME - FULL TIME STUDIES

### To be filled in by the applicant

Civic registration no (year of birth,-mo,-day,-no)	Surname, name
Previous surnames (if applicable)	Home address
Telephone	Postal code, city, country
Email	

### Credit transfer from previous studies, articles and/or knowledge

Read more about credit transfer on the following web page: [www.medicine.lu.se/credittransfer](http://www.medicine.lu.se/credittransfer). Documentation for the credit transfer should be appended to the application form. Please note that the application should be made by the PhD student, and that the length of the program will be reduced equivalent to the time estimates on the basis of the credit transfer.

Transfer of credits from :	master studies	previous articles	previous knowledge
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### Relevant education

Degree/education	Credits	Date
University	Country	

### Application intended for    **Doctor's degree**    **Licentiate degree**

Department
Research subject <b>Medical science</b>
Project title

**Date**

**Signature of applicant**

\_\_\_\_\_

\_\_\_\_\_

**Date**

**Signature of supervisor**

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**The application, signed by the applicant, should be submitted to the relevant Deputy head of department. The following should be appended with the application:**

- \* CV of the applicant and certified copies of previous degree
- \* Statement from the responsible supervisor at Lund University
- \* If applicable, documentation for application of credit transfer, such as a previous article

# CERTIFICATE OF ELIGIBILITY

(to be filled in by the Deputy head of department)

I hereby certify that  
fulfills all the entry requirements for the basic and special eligibility in order to be admitted to the PhD  
programme at the Faculty of Medicine at Lund University.

**Date**

**Deputy head of department, signature**

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## DECISION (to be filled in by the PhD Studies Office)

Admitted to PhD programme in the subject <b>Medical science</b>		Date	Term
Principal supervisor	Assistant supervisor		
Assistant supervisor	Assistant supervisor		
Assistant supervisor	Assistant supervisor		

**Date of decision**

**On behalf of the Research Studies Board, Faculty of Medicine, Lund University**

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Karin Jirström, Chair, Research Studies Board

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