

APPLICATION TO PHD PROGRAMME - FULL TIME STUDIES

	10 be	filled in by the	e applicant			
Civic registration no (year of birth,-mo	,-day,-no)	Surname, name				
Previous surnames (if applicable)		Home address				
Telephone		Postal code, city, co	untry			
Email						
Credit transfer from previous Read more about credit transfe for the credit transfer should b made by the PhD student, and the basis of the credit transfer	er on the e append that the l	following web po led to the applica	age: www.medicine.li ution form. Please not	te that the a	pplication s	hould be
Transfer of credits from : master studies previous articles			previous articles	previous knowledge		
Relevant education						
Degree/education					Credits	Date
University					Country	
Application intended for Department Research subject Medical scie		r's degree	Licentiate degree	e		
	Si an aku	of annlicent				
Date	Signati	re of applicant				_
Date	Signatu	re 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 review panel
- * 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)

Date	Deputy head of departme	Deputy head of department, signature					
DECISION (to	be filled in by the PhD Studies on the subject Medical science	Office)	Date	Term			
Principal supervisor	2/20020002 00202200	Assistant supervisor					
Assistant supervisor		Assistant supervisor Assistant supervisor					
Assistant supervisor							
Date of decison	On behalf of the Resear		ulty of Medicino	e, Lund Univ			
	Karin Jirström, Vio	C Dean					
Notes	Karin Jirström, Vio	ec Dean					
Notes	Karin Jirström, Vio	e Dean					