LUNDS UNIVERSITET
Medicinska fakulteten

Application to PhD programme

Application

Surename, name	Date of birth (YY-MM-DD)
Home address	☐ Female ☐ Male
Post code, city, country	Telephone
E-mail	
	☐ ☐

Relevant education

Degree/education	Credits	Date
University	Country	

Application intended for Doctor ☐ Licentiate ☐

Department
Research subject
Project title

☐ ☐

Date **Signature of applicant**

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Attach to the application:

* CV and copy of previous degree
* Statement from the responsible supervisor at Lund University
* Statement from the deputy head of the department at Lund University

Decision

Addmitted to PhD programme in subject	Date	Term
Responsible supervisor	Assistant supervisor	
Assistant supervisor	Assistant supervisor	

Date of decision **On behalf of the Faculty of Medicine, Lund University**

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Heiko Herwald, vice dean

Notes: