

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 address	

Relevant education

Degree/education	Credits	Date
University	Country	

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

Department
Research subject Medical science
Project title
I would like to take the PhD courses in Swedish English

Date

Signature of applicant

Date

Signature of supervisor

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

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

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

Admitted to PhD programme in the subject Medical science		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

Karin Jirström, Chair, Research Studies Board

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