

b UNIVERSITÄT BERN

Graduate School for Health Sciences

## **GHS Application Form**

1. Personal data	of candid	ate				
Last name				First name		
Gender		Date of birth (dd.mm.yyyy)		Nationality		
Institute		, , , , , , , , , , , , , , , , , , , ,			•	
Office address						
Zip code			Town			
Phone			Cellular			
E-mail						
Swiss matriculation	on numbe	r (if available)				
2. Previous unive	ersity edu	cation				
University degree					Date of issue (dd.mm.yyyy)	
Subject area					1 (20)	
University						
3. Research						
3.1. Thesis advisor						
Title/Name						
Institute/Department						
E-mail						
3.2. Co-referee (pr	oposed by	the thesis advis	sor)			
Title/Name						
University/Department						
E-mail						
3.3. Research proje	ect					
Expert Committee (suggestion)						
Title of research project						
Starting date of w	vork on res	search project (d	dd.mm.yyyy)			
Funding source						
Date (dd.mm.yyyy)			Signature			



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