Place and date, Click here to enter text. (date)

Graduate School
for Health Sciences

Statement of co-thesis advisor

Prof./Dr. Click here to enter text. (name) asked me to act as co-thesis advisor for the thesis of the PhD candidate **Click here to enter text.** (name) in the PhD program of the Graduate School for Health Sciences (http://www.ghs.unibe.ch/)**.** The thesis project has the title**“**Click here to enter text.**”.** After having taken note of the project description, I confirm my disposition to support the candidate in his/her research project in the capacity of a co-thesis advisor. The proposed project is well described and the experimental conditions seem suitable for a PhD project.

I shall meet with the candidate on a regular basis to discuss and assess the progress of the thesis work.

Moreover, I confirm herewith that I am available to serve as co-examiner for the intermediate examinations after the first and the second year, respectively (<https://www.ghs.unibe.ch/phd_program/1st_and_2nd_year_exam/index_eng.html>) and the Thesis Defence of the above-mentioned candidate.

Signature

Name, office address, telephone numbers and e-mail address of co-thesis advisor:

**Please return to:** Dr. Tullia Padovani Schipper, Coordinator GHS,
Uni Mittelstrasse, Mittelstrasse 43, CH-3012 Bern, Switzerland
tullia.padovani@unibe.ch