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.**”.** The proposed project is well described and the experimental conditions seem suitable for a PhD project. 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 in accordance with [the regulations of the Graduate School for Health Sciences](https://www.ghs.unibe.ch/phd_program/regulations/index_eng.html). I agree to meet the candidate on a regular basis to discuss and assess the progress of the thesis work.

In addition, I will be available to serve as a co-examiner for intermediate examinations after the first and second year, as well as for thesis defense. I am also willing to provide expert assessment of the candidate's dissertation. I also confirm my commitment to sign the Doctoral Agreement and, if necessary, to sign the Progress Report in consultation with the Thesis Advisor.

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