

“Doctoral thesis agreement”

Agreement with thesis director for Medical Director (medicinae doctor)

Candidate:

Name and Surname

Date of birth

Place of birth and nationality

Private address

Work address

Email

Phone number

Enrollment number

AHV number

Thesis director:

Co-director (if any):

Title of doctoral thesis:

Brief description of thesis (100-150 words):

Estimated duration:

Planning:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Submission date

Publication date

Data / place

Candidate signature

Director signature

Co-director signature