**USI – Medical Doctor (MD/ Dr.med)**

**Application for Medical Doctor and hand in of dissertation**

The dissertation can be submitted as early as one year after having completed the Master of Medicine. To apply for the Medical Doctor (MD/Dr.med) please complete and sign the below module and submit it together with the following documents:

1. Curriculum vitae
2. Federal degree of medicine; or an equivalent foreign degree recognized by the Federal Office of Public Health
3. Prove of matriculation
4. Doctoral thesis agreement
5. Dissertation
6. Review written by the dissertation director

If you send a hardcopy of your whole application, please send it to the following address:

**Università della Svizzera italiana**  
**Facoltà di scienze biomediche**  
**Decanato**  
**Via Giuseppe Buffi, 13**  
**6900 Lugano, CH**

or electronically to: 

*mina.curcic@usi.ch*

**Valuation procedure**

The Dean forwards the application to the Doctoral Committee for their valuation. The Committee then forwards their valuation to the Faculty Council, who then decides to either accept or reject the dissertation. If it is accepted the applicant will be invited to present it in public.

**Granting of the doctorate**

The certificate “Doctor medicinae” (MD/Dr.med.) is granted after the public presentation.

**Fee**

The fee for the enrollment in the doctoral studies in medicine amounts to CHF 500.--.  
Il conferimento del dottorato è subordinato al versamento della tassa.
Module MD

I,  firstname and surname of the applicant,

born in  place and date

citizen of  citizenship of applicant,

apply hereby for the Medical Doctor (MD/Dr.med) at the Faculty of Biomedical Sciences at Università della Svizzera italiana
having submitted the dissertation on the topic of

directed by Prof. Dr.med.: ___________________________________________________________

whos review is included in the documentation according to Art. 14 of the Regulation,

declare it my responsibility that the date and documentation in this dissertation is veridical.

Place, date

Applicants' signature

Applicants firstname and surname

Postal address

Phone number

E-mail