**Application Form for Doctoral Degree Studies - Advisor**

**I hereby wish to apply as a research student (for the doctoral degree) in the School of Graduate Studies at the Faculty of Medicine. Enclosed are copies of my diplomas and transcripts.**

**I am aware that my acceptance is provisional and enables me or my advisor to request termination of the studies during the first year.**

**Student’s name: ID. No.**

**To be completed by the advisor**

**Name of advisor(s)**

**Department/hospital**

**I hereby undertake to actively advise the student and undertake to meet with the student at least every two weeks and to guide in the research. I will have at my disposal the resources necessary to carry out the research on the topic (preliminary name):**

**I hereby enclose a copy of two articles from my laboratory that are relevant to the aforesaid research.**

**Will the student perform experiments using laboratory animals** (circle one) **Yes** **No**

 Date Name Signature

**To be completed by the department head / hospital administrator / institution director**

I hereby confirm that the infrastructure necessary to complete the work for preparing a doctoral thesis will be made available to the student whose advisor is during the coming five years.

 Date Name Signature