

**“Doctoral thesis agreement”**

**Agreement with thesis director for Medical Director (medicinae doctor)**

**Candidate:**

Name and Surname

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Date of birth

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Place of birth and nationality

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Private address

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Work address

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Email

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Phone number

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Enrollment number

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AHV number

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**Thesis director**

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**Co-director (maybe):**

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**Title of doctoral thesis**

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**Brief description of thesis (100-150 words):**

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**Estimated duration**

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**Planning:**

1.

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2.

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3.

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4.

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7.

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8.

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9.

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10.

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**Submission date**

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**Publication date**

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Data / place

Candidate

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Director

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Co-director

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