

**Registration form for the PhD program
« Cardiovascular and Metabolism »**

PhD candidate details :

Family name :
First name :
Mailing address :
.....
Email:
Thesis title:
.....
Signature of the candidate:
Date:

Thesis director details :

Name :
Department :
Professional address:
.....
Email:
.....
Signature of the thesis director:
Date:

Please send the completed registration form to:

ulrike.toepel@unil.ch

OR

Dr. Ulrike Toepel
University of Lausanne
Faculty of Biology and Medicine
Doctoral School
Amphipôle Building, UNIL-Sorge
Office 316
CH-1015 Lausanne

Date registration form received:

Date candidate registration accepted:

Signature of doctoral school representative:

Date: