



UNIL | Université de Lausanne
 Faculté de biologie
 et de médecine

MD-PHD COMMISSION
 p.a. Angiology
 1011 Lausanne - CHUV

MD-PhD PROGRAMME

I confirm that _____ is applying for a position in the
 department of _____ in order to do her/his MD-PhD
 thesis.

I accept to be her/his thesis Director, to guarantee scientific and personal support, adequate workspace and access to infrastructure.

In case she/he obtains a Swiss National Science Foundation or local MD-PhD scholarship, I will provide financial support for the 4th year of research, if necessary.

In case she/he doesn't obtain a Swiss National Science Foundation or local MD-PhD scholarship, I will provide financial support for her/his entire research project.

In case she/he doesn't obtain a Swiss National Science Foundation or local MD-PhD scholarship, I will not be able to provide financial support for the project. Unless the candidate can provide her/his own funding, she/he will not be able to do an MD-PhD thesis.

Thesis Director

Thesis co-Director

Name:

First name:

Place and date:

Signature:

To fill in and send back by e-mail to the MD-PhD Commission coordinator (md-phd@unil.ch)

Faculté de biologie et de médecine
 Ecole doctorale

