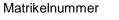
Clinical PhD student

Academic degree, surname, first name:

Clinical PhD programme

Phone number

E-Mail





Q794445202 - Clinical PhD



EINGEGANGEN am:

Stempel - International Relations - PhD School

Proposal for final exam

Defense

Location:						
Date/Time:	dd.mm. yyyy,	hh:mm				
Chair:						
1 st Examiner						
2 nd Examiner						
3 rd Examiner						
Signatures:						
Date	Clinical PhD stude	nt	Date	Supervis	or	
Approved by	Vice-Rector for Teaching	ng and Study Affairs		YES	NO	
Date	ao. UnivProf. D	r. med. univ. Wolfgand	g Prodinger, MM	1E (Bern), Vice-Rec	tor for Teaching and St	udy Affairs