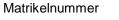
Clinical PhD student

Academic degree, surname, first name:

Clinical PhD programme

Phone number

E-Mail





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Stempel - International Relations - PhD School

Proposal for final exam

Defense

| Location: | | | | | | |
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| Date/Time: | dd.mm. yyyy, | hh:mm | | | | |
| Chair: | | | | | | |
| 1 st Examiner | | | | | | |
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| Approved by | Vice-Rector for Teaching | ng and Study Affairs | | YES | NO | |
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| Date | ao. UnivProf. D | r. med. univ. Wolfgand | g Prodinger, MM | 1E (Bern), Vice-Rec | tor for Teaching and St | udy Affairs |