

Registration form International Ph.D. Program in Neuroscience

Personal Information:

Given Name*

Middle Name

Family Name*

Date of Birth (dd.mm.yyyy)*

Gender*

Nationality*

Email*

Private Address*

Phone Number

Did you apply via Life Science Zurich Graduate School?*

Highest university degree and degree field (Name of university, country and degree)*

Academic Affiliation

Registered as a PhD Student with*

Faculty Department*

Work Contract with*

Department/Institute*

Address of Institute*

Thesis

Beginning of the Ph.D. Thesis (Month/Year) *

Title of the Ph.D. Thesis (if this is not settled yet, please give us this information within six months)

Members of Ph.D. Steering / Thesis Committee

Supervisor, Research Group Leader of the Neuroscience Center Zurich (Name, Department/ Institute & Address) *

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Second Member (Name, Department/ Institute & Address – if this is not settled yet, please give us this information within six months)

Third Member (Name, Department/ Institute & Address - if this is not settled yet, please give us this information within six months)

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...Place and Date:

Place and Date:

...Signature Student:

Signature Supervisor:

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