





Registration for the PhD Program Cardiovascular Research

1. Personal Data

Last Name				First Name				
Supervisor					E-mai	E-mail		
Co-Advisor					E-mai	I		
Mentor					E-mai	I		
Starting date of PhD or MD-PhD Studies								
Thesis Title					•			
Institute								
Office Address								
Zip Code					City			
Phone					Mobile	е		
E-mail			Matriculation No.					
the Univorganize 10 ECT The cert is valid 2. Signa	versity ed by S to ifficate only atures	of Bern (national expression of the Pl in combine	(GCB). PhD / MD-F xperts in the field. from the GCB and hD Program Cardio ation with the gradua	PhD students in Students enrole to fulfill the recovascular Rese	this progran lled in the P quirements of arch will be	n benefit PhD progr the PhD issued af	r Cellular and Biomedical Sciences of from an interdisciplinary education ram Cardiovascular Research gair Program Cardiovascular Research fer graduation from the GCB and ersity of Bern.	
	hD or MD-PhD Student With my signature, I agree on the exchange of personal data between GCB and the PhD program							
	Cardiovascular Research.							
	A short (maximum 500 words) description about the role of Cardiovascular Research for my PhD or MD-PhD Project is enclosed.							
Place, Date			Signature					
Supervisor and Mentor								
Supervisor Signature					Mentor Signature			
Place, Date					Place, Date			