

Student Services

University of Basel Student Administration Office Petersplatz 1, Postfach 4001 Basel, Switzerland T +41 61 207 30 23 www.unibas.ch/studseksupportEN

## Application for Admission to the Doctoral Study Program in the Faculty of Medicine (Dr. med. and Dr. med. dent.) -Spring Semester 2024

This application requires completion of the semester registration process via the Online Services (https://services.unibas.ch) and is to be submitted to the Student Administration Office (Studiensekretariat) in writing (by e-mail via www.unibas.ch/studseksupport or by post) by 1 February 2024 at the latest. The applicant is responsible for obtaining the first supervisor's signature.

Students already enrolled at the University of Basel who want to register as doctoral students directly following the completion of their master studies can use this form to submit the application for admission to doctoral studies conferring the title Dr. med. and Dr. med. dent. in the Faculty of Medicine.

Family name:			······			
First name:						
Swiss Matriculation No.:		_	I	_	I	1

The following degree has been earned at the University of Basel:

Degree title: \_\_\_\_\_

Date of degree: \_\_\_\_\_

I am applying for admission to the following doctoral study program in the Faculty of Medicine:

□ for the doctoral degree Dr. med. □ for the doctoral degree Dr. med. dent.

First supervisor who will supervise the dissertation (according to § 4 of the doctoral study regulations):

## Family name/first name: \_\_\_\_\_

As a doctoral student, you automatically become a member of the Assistants' Association (http://avuba.unibas.ch/) and, starting from the second semester, pay the membership dues of CHF 20 per semester.

□ I do not want to become an avuba member.

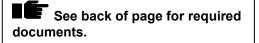
With my signature, I declare to have completed this form in all truth:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## Confirmation of first supervisor

I hereby state that I agree to serve as the first supervisor for the dissertation of the person listed above:

Date:\_\_\_\_\_ Signature/stamp:\_\_\_\_\_





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## The following enclosures are required

- 1. Master's diploma or copy of grade reports
- 2. Proof of award of federal diploma as physician or dentist.
- **3.** Supplementary sheet