

Doctoral School in Life Sciences
REGISTRATION FORM

Immatriculation at the University of	Neuchâtel / other:
Family (last) name	
First name	
Gender	
Date of birth (dd/mm/yyyy)	
Nationality	
Diploma (master of xx / other:...)	
Year of diploma	
Origin of diploma Institution Country	
Working address:	
University / Institution	
Department, group Street	
Postal code - City	
Phone	
University e-mail	
Thesis director and co-director (Last name, first name)	
Thesis supervisor (if different)	
Supervisor address: University / Department e-mail Phone	
Subject or title of PhD thesis (preliminary)	
Starting date of the PhD	
Are you currently enrolled to another officially recognised doctoral program?	Y/N, if yes name the program
Funding source (UniNE, SNF, other: please specify)	
Working %	
Place, date	Signature of the PhD student
Place, date	Signature of the thesis director

PLEASE join your CV to this application form

Send to:

Dr. Emilie Genty, office D313, University of Neuchâtel, Emile-Argand 11, 2000 Neuchâtel

Tel: 032 718 2502 - organismal.biology@unine.ch - <http://www.unine.ch/dp-biol/>
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