

Registration for the PhD specialization program "Stem Cells and Regenerative Medicine "

1. Personal data

Last name		First name	
Supervisor			
Starting date of PhD studies			
Institute			
Office address			
Zip code		Town	
Phone		Mobile phone	
E-mail			Matriculation no.

After registration, you will receive a form where course work for "Stem Cells and Regenerative Medicine" can be listed. Those who have already completed the doctoral agreement for GCB will receive a personalized form in order to adapt it to the "Stem Cells and Regenerative Medicine" requirements.

2. Signatures

PhD Student

Place, date		Signature	
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Supervisor

Name			
Place, date		Signature	

Please send to **Monica Schaller (monica.schaller@gcb.unibe.ch)**