ALL. 1)

**APPLICATION FORM**

ELECTION OF DOCTORAL STUDENT REPRESENTATION IN THE COLLEGE OF CLINICAL AND EXPERIMENTAL MEDICAL SCIENCES DOCTORAL PROGRAM

I, THE UNDERSIGNED, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BORN IN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REGULARLY ENROLLED IN THE \_\_\_\_ CYCLE OF THE PHD IN

CLINICAL AND EXPERIMENTAL MEDICAL SCIENCES

PRESENTS

HIS/HER CANDIDACY FOR THE ELECTION OF DOCTORAL REPRESENTATION IN THE COLLEGE OF THE PH.D. IN

CLINICAL AND EXPERIMENTAL MEDICAL SCIENCES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR THE

- day \_\_\_\_\_\_\_\_\_\_ from 9 a.m. to 1 p.m.

LEGIBLE SIGNATURE IN FULL

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(COPY OF A VALID IDENTIFICATION DOCUMENT ATTACHED)