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| **PhD Program in Molecular Life Sciences - EDMS** |

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| EDMS PhD programEPFL E-DOC EDMS-GESV 2515 (bâtiment SV)Station 191015 - Lausanne | Telephone:E-mail:Website: | +41 21 693 07 82tatiana.dubi@epfl.ch<https://www.epfl.ch/education/phd/programs/edms-molecular-life-sciences/>  |

**PROPOSITION OF COURSES FOR THE FIRST YEAR**

A minimum of 4 credits must be announced within a period of 1 month after the beginning of your doctoral studies

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| PhD student (Last name, first name):Email: |            |
| Name of thesis director: |       |

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|  |  | Number of credits |
| Course number & title:Teaching period:Place of course: | 3 Practical courses (mandatory) - number& title will be determined in December      | 3 ECTS |
| Course number & title:Teaching period:Place of course: |                 |       |
| Course number & title:Teaching period:Place of course: |                 |       |
| Course number & title:Teaching period:Place of course: |                 |       |
| Course number & title:Teaching period:Place of course: |                 |       |

**SELECTION OF A MEMBER OF THE PHD PROGRAM AS REPRESENTATIVE (MENTOR)**

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| Name & signature of selected PhD program representative (mentor)1: |  |

1 **To be selected during the first 3 months after registration** from the PhD program thesis directors listed on the PhD program website (she/he is your contact person in case of questions or problems; in any case you must meet her/him within the first 6 months).

*see next page*

**ACCEPTANCE OF PHD PROGRAM RULES**

**With their signature the PhD student and his thesis director confirm to have read and accepted the specific directives of the EDMS PhD program** (see program website: <https://www.epfl.ch/education/phd/programs/edms-molecular-life-sciences/>).

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| Date: |       |
| Signature of PhD student: |  |
| Signature of thesis director: |  |

**This completed form must be returned to the secretariat of your doctoral program (address above).**

Signature by the EDMS PhD program director or her/his Deputy : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Deputy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)