

Faculty of Medicine Dean's Office

University of Zurich Faculty of Medicine, Dean's Office Office for academic administration Pestalozzistrasse 3 CH-8032 Zurich www.med.uzh.ch

Application for PhD program in Care & Rehabilitation Sciences	
(to be completed by the applicant) Personal information	
Last name	
First name	
Date of birth	
Postal address	
E-Mail address	
Phone number	
Master's degree	
Degree title	
Number of ECTS credits	
Name of university	
Doctoral studies	
Dissertation project	Please include a research outline of no more than 2 pages (background, research questions, methods, relevance).
Funding ¹	Please include a written confirmation of funding, e.g. form the project leader.
Full-time oder part-time?	
Suggested supervisor from the Faculty of Medicine (leave empty if not applicable)	
Suggested supervisor from the university of applied sciences	

¹ If you do not have a PhD position, you must demonstrate that, in case of a full-time PhD, funding coresponding to a 60% position is available within the framework of a PhD project. In the case of a part-time PhD, the percentage is correspondingly lower.



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Preselection ZHAW	
(tob e completed by the ZHAW	')
Is the Master's degree	
recognized?	
Have further documents been	
requested? If so, which one?	
Has the funding been	
confirmed?	
Commede	
Appraisal from reviewer 1	
Appraisal from reviewer 2	
Appraisal from reviewer 2	
Reviewers' remarks	
(e.g. unclear points to be	
addressed in the interview)	
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Barrela d'accessible	
Preselection result	
Date at which the applicant	
was informed	
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Decision of the doctoral p	rogram commission
(to be completed by the progra	
Admitted without condition	,
Admitted with condition	
Not admitted (reason)	
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