



**Application for change of doctoral subject or target degree
(in Medical Science/Odontology/Philosophy)**

The right to study for the doctoral degree has started: _____ (year)

in doctoral subject: _____

Working title of the doctoral thesis: _____

Doctoral programme:

Full name of the doctoral candidate: _____

Date of birth: _____

Telephone: _____

E-mail: _____

New doctoral subject is [List of doctoral subjects (PDF) on the [website](#)]:

New target degree is Doctor of Medical Science/Doctor of Odontology/Doctor of Philosophy (*cross out unnecessary*)

**Signatures of the doctoral researcher, the supervisors, and the head of the new
doctoral subject**

Doctoral researcher:

UGIS Supervisor:

Signed on ___ / ___ 20____

Signed on ___ / ___ 20____

Signature

Signature

Print name

Print name



UNIVERSITY OF TURKU

Faculty of Medicine

Supervisor:

Signed on ___ / ___ 20___

Signature

Print name

Supervisor:

Signed on ___ / ___ 20___

Signature

Print name

Head of the new doctoral subject (required only if the doctoral subject changes):

Signed on ___ / ___ 20___

Signature

Print name

Doctoral subject

DECISION OF APPROVAL

The change of doctoral subject and/or target degree is approved

Turku _____ / _____ 20___

Dean/Vice dean _____

Chief academic officer _____