

**REGISTRATION APPLICATION OF A STUDY PLAN, A THESIS PLAN, SUPERVISORS AND
A FOLLOW-UP COMMITTEE FOR DOCTORAL EXAMINATION IN MEDICAL SCIENCE /
ODONTOLOGY / PHILOSOPHY / HEALTH SCIENCES (August 1, 2018 onwards)**

The right to study has been granted: ____ / ____ / ____ (dd/mm/year)

in major subject:

Doctoral programme of the Faculty:

Doctoral Programme in Nursing Science (DPNurs)

Drug Research Doctoral Programme (DRDP)

Finnish Doctoral Program in Oral Sciences FINDOS-Turku

Turku Doctoral Programme of Molecular Medicine (TuDMM)

Doctoral Programme in Clinical Research (DPCR/TKT)

Full name of the doctoral candidate: _____

Social security number or date of birth: _____

Telephone, home: _____ work: _____

E-mail: _____

Address: _____

RECOMMENDATION OF THE DOCTORAL PROGRAMME

Application recommended

Application not recommended (reasons enclosed herewith)

Date ____ / ____ 20____

Signature and name in block letters

DECISION OF APPROVAL

The registration is approved

Turku ____ / ____ 20____

Dean/Vice dean _____

Chief academic officer _____

Outi Irjala

REGISTRATION OF THESIS WORK

The thesis format will be monograph integrated article format
 alone in team

Name of study (preliminary, not binding): _____

Estimated time of completion (semester, year): _____

APPENIDX: Study plan summary in Finnish or English, recommended length without references is 5 pages.

Follow-up committee for doctoral examination

In the beginning of the doctoral studies, in connection with registration of the study plan and registration of the thesis work, a follow-up committee of 3 - 4 persons will be appointed. The committee consist of the supervisor(s) of the thesis work and of 1-3 other other researchers who have a doctoral degree and who are familiar with the topic at hand. One of them must come from outside the doctoral candidate's own research group.

Name: _____ Degree: _____ e-mail: _____

Name: _____ Degree: _____ e-mail: _____

Name: _____ Degree: _____ e-mail: _____

Name: _____ Degree: _____ e-mail: _____

CONSENT OF SUPERVISOR/SUPERVISORS: (IF THERE ARE MORE THAN 2 SUPERVISORS, THIS MUST BE EXPLAINED IN WRITING TO THE FACULTY)

Date ___ / ___ 20___ Signature: _____

Degree: _____ Name in block letters: _____

Address: _____

Phone: _____ e-mail: _____

Date ___ / ___ 20___ Signature: _____

Degree: _____ Name in block letters: _____

Address: _____

Phone: _____ e-mail: _____

SIGNATURE OF THE HEAD OF DOCTORAL SUBJECT AND THE DOCTORAL CANDIDATE:

Date ___ / ___ 20___

Date ___ / ___ 20___

Signature / Head of doctoral subject

Signature / Doctoral candidate

Name in block letters

Name in block letters

Doctoral subject