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No. \_\_\_\_\_\_ / date \_\_\_\_\_\_\_

Approval of the PhD supervisor

*(name and signature)*

APPLICATION FORM

DOCTORAL GRANTS FOR UNITBV INTERNATIONAL GRADUATES

A. General Information:

|  |  |
| --- | --- |
| Last name: |  |
| First name: |  |
| Nationality: |  |
| Date and place of birth: |  |
| Research field of doctoral studies  (*According to the doctoral fields of UNITBV:*  <https://www.unitbv.ro/en/research/doctoral-studies/doctoral-programmes.html> ) |  |
| E-mail: |  |
| Phone: |  |
| Mailing address: |  |
| Name of the PhD supervisor: |  |

Please indicate if you have any on-going scholarships:

Yes

No

If your answer is “Yes”, please specify the type of scholarship:

B. Eligibility

Master’s degree/Medicine (integrated) programme graduated at UNITBV:

Faculty:

C. Additional documents attached to the application form:

* Curriculum Vitae
* Research project description (maximum 2 pages, bibliography counted separately)
* Preliminary agreement from a doctoral supervisor

Name and signature:

Date and place: