

Doctoral Studies Registration

Doctoral candidate

Family name, first name, Email-address

Highest relevant university degree

Thesis working title

Field

Sub-field

Date:

Signature:

You must apply to the [University of Fribourg Admissions Office](#) to pursue your chosen doctoral studies.

Principal supervisor

Family name, first name, Email-address

The undersigned declares their commitment to supporting the doctoral student to the best of their ability throughout the entire duration of the doctoral studies and to providing the necessary infrastructure and resources required for the doctoral project.

Funding for the project is secured for a period of ____ years.

Date:

Signature:

Deputy-supervisor (in the case of art. 11, para. 3, lett. d and e of the [PhD regulations](#))

Family name, first name, Email-address

Date:

Signature:

Co-supervisor (if desired)

Family name, first name, Email-address

Date:

Signature:

For research conducted primarily outside the Faculty, the undersigned commits to supervising the doctoral student and providing the necessary infrastructure.

Family name, first name, Email-address, name of institution

Date:

Signature:

Dean's Office

The candidate is unconditionally conditionally accepted on the basis of:

Dean's Office

Commission for students' requests (ComReq)

Request No:

File No:

Date:

Signature: