



UMEÅ UNIVERSITY
Faculty of Medicine

CHANGE IN INFORMATION IN:
*APPLICATION FOR ADMISSION
TO DOCTORAL STUDIES*

Date

Doctoral student information

Family name, given name		Swedish social sec nr/Date of birth
Department	E-mail	

Mark the box(es) for any information that is/are affected by the change(s)

Main supervisor

Co-supervisor

Previous main supervisor

Academic title and name	
Department	E-mail

New main supervisor

Name	Academic title
Department/unit	<input type="checkbox"/> Female <input type="checkbox"/> Male
Work title and employer	Associate professor <input type="checkbox"/> Yes, year <input type="checkbox"/> No
E-mail	Has had formal training in supervision? <input type="checkbox"/> Yes, documentation enclosed <input type="checkbox"/> No

Previous co-supervisor

Work title and name	
Department	E-mail

New co-supervisor

Name	Academic title
Department/unit	<input type="checkbox"/> Female <input type="checkbox"/> Male
Work title and employer	Associate professor <input type="checkbox"/> Yes, year <input type="checkbox"/> No
E-mail	Has had formal training in supervision? <input type="checkbox"/> Yes, documentation enclosed <input type="checkbox"/> No

New co-supervisor

Name	Academic title
Department/unit	<input type="checkbox"/> Female <input type="checkbox"/> Male
Work title and employer	Associate professor <input type="checkbox"/> Yes, year <input type="checkbox"/> No
E-mail	Has had formal training in supervision? <input type="checkbox"/> Yes, documentation enclosed <input type="checkbox"/> No

 Examiner**Previous examiner**

Academic title and name	
Department/unit	E-mail

New examiner

Name	Academic title
Department/unit	<input type="checkbox"/> Female <input type="checkbox"/> Male
Work title and employer	Associate professor <input type="checkbox"/> Yes, year <input type="checkbox"/> No
E-mail	

 Change or addition of department

Main department where the doctoral student is currently registered

State the main department as well as other department(s) where the doctoral student should be registered

Main department
Other department(s)

Other change(s)

--

**In the case of extensive changes, such as a change in thesis project, please contact the Faculty Office.
E-mail: fouth@adm.umu.se**

Signatures

Signature (Doctoral student)	Date	Print name
Signature (Main supervisor)	Date	Print name
Signature (Previous main supervisor)	Date	Print name
Signature (Co-supervisor)	Date	Print name
Signature (Co-supervisor)	Date	Print name
Signature (Previous co-supervisor)	Date	Print name
Signature (Examiner)	Date	Print name
Signature (Previous examiner)	Date	Print name
Signature (Department chair)	Date	Print name