



IRTG 'School of Angioscience' Registration Form

Associated PhD/MD students

CRC1366 Partner Site: _____

Project Number: _____

PI Name: _____

Personal Information

First Name: _____

Last Name: _____

Phone Number: _____

E-Mail Address: _____

Doctorate: PhD MD*

Start date of the Doctorate: _____

Roof Graduate School: _____

*Semester Medical School: _____

Date

Date

Signature Applicant

Signature CRC1366 PI

Please add the following attachments and send everything

To: Uta.Binzen@medma.uni-heidelberg.de

CC: Joerg.Heineke@medma.uni-heidelberg.de, S.Schneider@medma.uni-heidelberg.de

(1) Brief summary of the PhD/MD project (max. 0.5 page)

(2) Curriculum vitae (including Diplomas: i.e., Abitur, M.Sc., M1/M2 exams)