

PhD Program in Integrative and Clinical Neurosciences

First Name :

Last Name :

Email :

Laboratory :

Head of the laboratory :

Team :

Team leader :

PhD subject (Title):

PhD supervisor (Name and e-mail):

In case of joint-supervision (co-tutelle) name and e-mail of the second supervisor :

First academic year of PhD registration :

(for instance : 2012-2013, 2013-2014, 2014-2015)

Academic background (Master 2, engineer diploma, MD, ...) :

Institution that awarded the last diploma:

Funding (Erasmus Mundus Programm, AMIDEX grant, Incoming and outgoing mobilities of students AMU and the targeted universities, the universities and organisms in the Mediterranean area (UPM, Tethys, Mistrals, other networks...)

Models used :

Methods and Techniques used :

Main software used :

Main tutorials of interest :

Teaching load (if any) :

Career prospects (if any) :

**Signature
of PhD Student**

**Signature of the
thesis Adviser**

**Signature of the
co-adviser**

Please send this registration form to :
edsvs-neuroscience-phd-program@univ-amu.fr