PhD Program in Integrative and Clinical Neurosciences

First Name :   **Last Name :**

Email (etu.univ-amu.fr preferable)**:**

Laboratory :

Team :

PhD supervisor (Name and e-mail):

PhD co-supervisor (Name and e-mail, if any):

PhD subject (Title):

First academic year of PhD registration (14/15, 15/16…):

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

Institution that awarded the last diploma:

Funding (MRT, ANR, AMIDEX,…)**:**

Models used :

(humans, patients, non-human primates, rats, mice, theoretical approach...)

Methods and Techniques used :

(fMRI, EEG, MEG, electrophysiology, optical imaging, Psychophysics, models...)

Main analysis software used :

(Matlab, Python, Statistica, Prism, ...)

Teaching load (if any) :

Career prospects (if any) :

Date & Signature	**Date & Signature**	**Date &Signature**
of PhD Student	**of PhD supervisor**	**of PhD co-supervisor**

Please send this registration form to :

edsvs-neuroscience-phd-program@univ-amu.fr