University of Zurich[UZH]

Administration: Thomas Aeppli

Email: thomas.aeppli@uzh.ch

IMPK

Prof. Dr. Nicole Joller
MSc Medical Biology Program Director

Confirmation of Host Laboratory

1	**Name of Applicant**	_____
2	**Life Science School** (List here the Life Science school the applicant will join upon acceptance into the MD-PhD Program)	_____
3	**Name of Supervisor**	_____
	Institute	_____
	Peer-reviewed funding: SNF, ERC, NIH, or similar (required)	☐ Yes – details: _____ ☐ No
4	Is the supervisor a member of the proposed Life Science School? (see 2)	☐ Yes ☐ No
5	**Responsible MNF Faculty member**: (or person with the **Promotionsrecht** at the Science Faculty)	_____
6	**PhD Thesis committee members**:	_____ _____ _____

I hereby confirm that I am willing to supervise the work of the above-mentioned applicant within the frame of the MSc in Medical Biology program of the University of Zurich and to provide the necessary funding.

Place, Date _____

Signature: _____