



Administration: Artemi Bendandi

Email: artemi.bendandi@usz.ch

MD-PhD Committee

Prof. Adriano Aguzzi, Chairman
Institute of Neuropathology
Schmelzbergstrasse 12
CH-8091 Zurich

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, Yes – details: _____
ERC, NIH, or similar (required) 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 PhD work of the above mentioned applicant within the frame of the MD-PhD program of the University of Zurich and to provide the necessary funding for at least three years.

Place, Date _____

Signature: _____