**Registration Form 1**

Bovenkant formulier

**Registration Form 1: AMC/AMR Employees**

After filling in the details, click the send-button. You will receive an e-mail with the details of this form. Take the form to your PHD supervisor for further processing.

Organisatie code: 11030577

Employer\*

                        

Family name\*



First name(s)\*



Forename / roepnaam\*



Gender\*

* Male
* Female

Date of birth\*



Country of birth\*



Citizenship\*



Second citizenship (if applicable)



Personal email address\*



Mobile phone number\*



Master degree (please fill in additional field if applicable)\*

                                                                  

Additional information



Year of graduation\*



University (please fill in additional field if applicable)\*

                                                                                              

Country of graduation (please fill in additional field if applicable)\*

          

Additional information



Function AMC/AMR (please fill in additional field if applicable)\*

                                             

Additional information



Department\*



Onderkant formulier

**Registration Form 1**

Bovenkant formulier

**PhD data**

AMC PhD

* Yes
* No

*AMC PhD means that the thesis will be defended at the Faculty of Medicine of the University of Amsterdam*

Starting date PhD research\*

Main sponsor (please fill in additional field if applicable)\*

Additional information

PhD supervisor\*

* AMC
* External

Name and initials PhD supervisor\*

*PhD supervisor must be a AMC full professor*

Second PhD supervisor

* AMC
* External

Name and initials second supervisor (if applicable)

Co-supervisor\*

* AMC
* External

Name and initals co-supervisor\*

Second Co-supervisor

* AMC
* External

Name and initals second co-supervisor

**Signature PhD supervisor**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TItle and Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature PhD-student**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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