



**DOKUZ EYLUL UNIVERSITY  
FACULTY OF MEDICINE**

**2022-2023. ACADEMIC YEAR**

**MEDICINE-PHILOSOPHY OF DOCTORATE INTEGRATED PROGRAM**

**APPLICATION FORM**

**First Name/Last Name** : .....  
**Student Number** : .....  
**Birth Place** : .....  
**Birth Date** : .....  
**Phone Number** : .....  
**E-mail** : .....

photograph

**The order of placement in the university with the university exam “YKS”:** .....

**GPA in Term 1 in the Faculty of Medicine:** .....

**GPA in Term 2 in the Faculty of Medicine:** .....

**Foreign Languages and Degrees:** .....

**Grade from ALES exam** : .....

**Computer skills:** .....

**Training or Certifications** (Conference, symposium, course...etc.): .....

**Interests (Which program are you considering to apply?):** .....

**Goal and reason of participating in this program:**

*(Please summarize your expectations from the MD-PhD program and your purpose of participation in a letter less than 500 words))*

I accept and declare that I have to know the regulations, directives and other regulatory provisions, principles and principles related to the MD-PhD Integrated Doctorate Program and also related Institutes, to follow the published announcements, to follow the announcements made to the e-mail address I mentioned above until I graduate from the year I registered,, and in case of a change in my contact information, I have to notify at the latest one week ..

I would like to take the necessary steps to enroll in the Medicine-Philosophy of Doctorate Integrated Program

Date :

Name Surname :

Sign :