



**DOKUZ EYLUL UNIVERSITY
FACULTY OF MEDICINE**

2023-2024 ACADEMIC YEAR

MEDICINE-PHILOSOPHY OF DOCTORATE INTEGRATED PROGRAM

APPLICATION FORM

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