**APPLICATION FORM**

**PhD IN CONSERVATION MEDICINE**

DATE\_\_\_/\_\_\_\_/\_\_\_\_\_\_

ATTACH TO THIS FORM:

1. Undergraduate and/or Bachelor degree Diploma.

In case of foreign students, a photocopy should be certified by

a. Chilean consulate in the country of origin.

b. Foreign Affairs Ministry

2. Letter of interest.

3. Concentration of grades (for their latest academic grade)

4. Graduation ranking.

5. CV.

6. ID or Passport photocopy.

7. 2 letters of recommendation.

8. Other documents specified at <https://investigacion.unab.cl/doctorados-eng/conservation-medicine/>

**PERSONAL INFORMATION**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | |  | |  |
| Last name | | Name | | | | Middle name | | Passport number |
|  | | | |  | | | |  |
| Address | | | | City | | | | Country |
|  |  | | |  | | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |
| Phone |  | | | Email | | | | Date of birth |
|  |  | | | yes | no | |  |  |
| Nationality | Marital status | | | Job | | | Institution/  Company | Job address |
|  |  | |  |  | | |  |  |
| Type of contract | Since  Mo/year | | Until Mo/year |  | | | Position |  |

**ACADEMIC INFORMATION**

List in chronological order the institutions from which you obtained bachelor, professional and/or postgraduate studies.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Institution** | **City/country** | **Since mo/year** | **Until mo/year** | **Degree or title** | **Final mark**  **with/without thesis** | | **Graduation ranking** |
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In case of developing a thesis to obtain the degree or title, please identify:

|  |  |  |
| --- | --- | --- |
| **Thesis title** | **Supervisor** | **Thesis mark** |
|  |  |  |

PUBLICATIONS. Scientific articles (WoS, Scopus, or another), books, book chapters. For accepted or in press publication please attach certification. Follow: authors, year, title, journal, volume, pages.

1. …
2. …
3. …

PRESENTATIONS IN CONFERENCES. Event, title, type of presentation, date and place. In case more space is needed, attach an extra page.

1. …
2. …
3. …

PARTICIPATION IN REASEARCH PROJECTS. Project’s name, funding institution, role in the Project, start and end date.

1. …
2. …
3. …

TEACHING ACTIVITIES. Type of activity, Institution, duration.

1. …
2. …
3. …

OUTREACH ACTIVITIES. Developed activity, role, date and place.

1. …
2. …
3. …

AWARDS, SCHOLARSHIPS AND RECOGNITIONS. Institution and date.

1. …
2. …

LINES OF RESEARCH OF INTEREST TO DEVELOP THE THESIS

1. …
2. …

PhD SUPERVISOR/DIRECTOR OF THESIS

If you have contacted any professor from the program as potential PhD supervisor, please indicate:

1. …
2. …

RECCOMENDATION LETTERS. Indicate name, institution and position. Letters must be sent by confidentiual email to the Director of teh PhD in Conservation medicine. Dr. Claudio Azat: [claudio.azat@unab.cl](mailto:claudio.azat@unab.cl)

1. …
2. …

**Applicant’s signature**