**Supervisor statement**

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| **General Information** |
| **Applicant** |
| First (given) name:      | Last (family) name:       |
| **Advisor** |
| Title:       | First (given) name:       | Last (family) name:       |
| Institute:       |
| E-Mail:       | Phone number:          |
|  |
| **Please let us know your view on the candidate, and her/his contribution to the paper:**        |
| **Date:**    **Signature:**  |

Please submit the PDF file directly to phd-school@i-med.ac.at