**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