(Attachment 1)

**Application for Degree Thesis/Dissertation Examination**

\_\_\_\_\_\_\_(year)\_\_\_\_\_\_\_(month)\_\_\_\_\_\_\_(day)

The Dean, Graduate School of Medical and Dental Sciences,

Admission year: (year)

Graduate School of Medical and Dental Sciences,

University of Chile and TMDU Joint Degree Doctoral Program

in Medical Sciences with mention of a medical specialty

Name seal (\*)

(\*) If a signature is not used, please place your personal seal next to the name.

I would like to receive a thesis/dissertation examination for a (Doctor of Philosophy in Medical Science), so I am submitting my dissertation along with the required documentation in accordance with Article 4, paragraph 1 of Tokyo Medical and Dental University’s regulations.

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| TMDU  supervisor’s seal | UCh  supervisor’s seal | CLC  supervisor’s seal |
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