



CAROL DAVILA UNIVERSITY OF MEDICINE AND PHARMACY OF BUCHAREST



37 Dionisie Lupu St., District 2, Bucharest, 020021, Romania; www.umfed.ro; e-mail: rectorat@umfed.ro

APPROVED BY
CDS Director

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ENDORSED BY
DSC Director

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**INDIVIDUAL PLAN
FOR DOCTORAL STUDIES**

Last name and first name(s) of the doctoral student

.....

Date of enrollment in doctoral studies:

.....

Doctoral advisor:

.....

Doctoral field:

.....

Type of funding:

- Tuition-free with a scholarship
- without a scholarship
- Fee-based

Proposed title of the doctoral thesis:

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.....
.....

Language in which the doctoral thesis will be drafted:

.....

Advisory committee (composed of three members other than the doctoral advisor; the members must have at least the academic rank of Lecturer):

- 1.
- 2.
- 3.



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ADVANCED ACADEMIC TRAINING PROGRAM

No.	Subject name	Semester	Grade	ECTS credits
1.	Methodology of Scientific Research	I		8
2.	Clinical Epidemiology. Types of Epidemiological Studies.	I		8
3.	Scientific Project Management	I		8
4.	Biostatistics and Computer Science	I		4
		II		14
5.	Ethics and Academic Integrity. Bioethics of Scientific Research on Human Subjects.	II		8
6.	Scientific Research Legislation	II		3
7.	Pedagogy	II		3
8.	Optional subject			
	Intellectual Property. Doctoral Thesis Drafting.	I		4
	Ethics of Research on Laboratory Animals	I		
	Evidence-Based Medicine	I		



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INDIVIDUAL SCIENTIFIC RESEARCH PROGRAM

No.	Report name	Scheduled date	Defense date	Grade
1.	Scientific research project:	First session: June 2023 Second session: September 2023		
2.	Scientific report #1:	First session: June 2024 Second session: September 2024		
3.	Scientific report #2:	First session: June 2025 Second session: September 2025		

Scientific research projects in which the doctoral student participates:

.....

Proposed date of the public defense of the doctoral thesis: September 2026

Final title of the doctoral thesis:

.....

Date of the public defense of the doctoral thesis: _____

This plan was filled out in three (3) copies—one for the IODS, one for the doctoral student and one for the doctoral advisor.

.....
 Last name and first name(s)
Doctoral advisor
 Signature

.....
Doctoral student



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REMARKS REGARDING THE CONDUCT OF DOCTORAL STUDIES

Interruption of studies:

Extension of studies:

Start date of grace period:

Other remarks: