



Malmö högskola, Odontologiska fakulteten

**CERTIFICATE**  
**SEMINAR – ACCEPTANCE TO DOCTORAL STUDIES**

To:  
FUN's secretary

**Doctoral student's name** \_\_\_\_\_

**Date of acceptance to doctoral education** \_\_\_\_\_

**Date of acceptance seminar** \_\_\_\_\_

**Signature of main supervisor** \_\_\_\_\_

**Name** \_\_\_\_\_