

Eingangsstempel

Registration number

Degree programme:
Q794445202
Clinical PhD



**MEDIZINISCHE
UNIVERSITÄT**
INNSBRUCK

**Application for admission to
Clinical PhD programme**

PhD / Doctor of Philosophy (Q 794 445 202)

Students must submit the application in person at the Department of Teaching and Academic Affairs, Speckbacherstraße 31-33, 6020 Innsbruck!

Please complete this form computer based and tick where appropriate!

Applicant

Academic degree, First name, Surname

Sex: male female

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Date of birth:

Citizenship:

Native language:

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Mailing address:

.....

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Phone number:

E-Mail:

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I have already been admitted at an Austrian university.

NO YES, my registration number:

I have already submitted an application for admission to Innsbruck Medical University:

Date:

Intended Clinical PhD programme

Applied Morphology and Regeneration (AMR)

Cardiovascular Medicine (CVM)

Clinical Cancer Research (CCR)

Clinical Imaging Science (CIS)

Clinical Neurosciences (CNS)

Intensive Care and Emergency Medicine (ICE)

Intended start of study

winter term: October

summer term: March

Point 1: Former studies have been completed in Austria

Completed studies:

(Provide a detailed description of the studies and give information about the duration of the studies in semesters)

I have completed the doctoral study of medicine (201) at another Austrian University

I have completed the diploma study human medicine (202) or dentistry (203) at an Austrian University

Completed studies (exact description of the studies including duration in semesters)
University, Faculty, Country, Academic degree

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Point 2: Former studies have been completed abroad

Completed studies (exact description of the studies including duration in semesters) University, Faculty, Country,
Academic degree

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Has an experimental diploma thesis/master's thesis been completed?

NO YES (Attach abstract!)

Title:

Other comparable experimental scientific experiences: (attach certificate)

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Have you already been admitted to PhD / Doctor of Philosophy programme?

NO YES

University, Faculty, Country, date of admission:

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Herewith I confirm that the information provided above is true and correct. I also confirm that I fulfill all requirements for immediate admission to or continuation of the study programme I intend to commence in Austria. I am aware that my admission will be withdrawn, if I have been admitted on the basis of false statements and that the submission of forged documents will be prosecuted. If Medical University of Innsbruck needs to request personal data from other authorities in order to process my application, I give my consent, that the relevant authorities may disclose personal data to Innsbruck Medical University.

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Date

.....
Student's signature

Attachments

I submit the application together with the following documents:

Form: „Study agreement“

University diploma

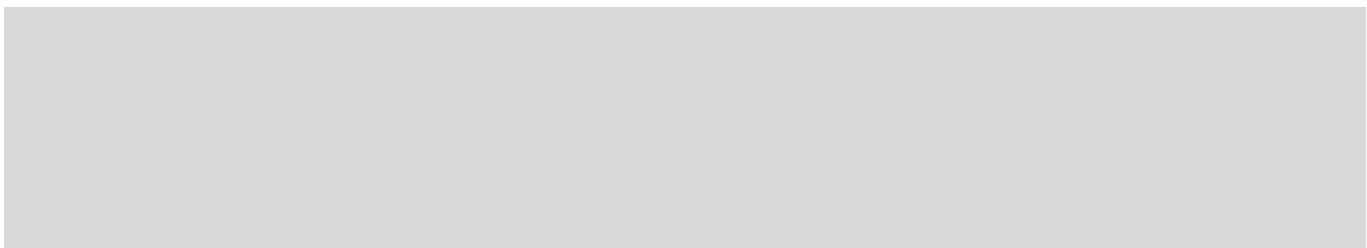
Record of academic progress (transcript of university courses and exams) Curriculum vitae

Abstract

other:

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Acceptance by the Vice Rector for Teaching and Study Matters



Innsbruck, Date

Signature of the Vice Rector for Teaching and Study Matters

**MEDICAL UNIVERSITY OF INNSBRUCK
DEPARTMENT FOR TEACHING AND ACADEMIC AFFAIRS**

Speckbacherstraße 31-33, A-6020 Innsbruck
E-mail: PhD-Studien@i-med.ac.at – Internet: <http://www.i-med.ac.at>