

Applicant

Matrikelnummer



MEDIZINISCHE
UNIVERSITÄT
INNSBRUCK

**Kennzeichnung des Studiums:
Q 066 602 Molekulare Medizin**

Academic degree, surname, first name:

Address

Phone number

E-Mail

EINGEGANGEN am:

Stempel - Abteilung Lehr- und Studienorganisation,
Fritz-Pregl-Straße 3, 4. Stock, 6020 Innsbruck

Proposal for public defense of the Master's thesis

Defense

Location: _____

Date/Time: _____
dd.mm. yyyy, hh:mm

Supervisor / Chair _____

1st Examiner _____

2nd Examiner _____

Additional Examiner _____

Additional Examiner _____

Signatures:

Date Student

Date Supervisor

Date Head of the Master's Programme in Molecular Medicine

Approved by Vice Rector for Teaching and Study Matters	YES	NO
_____ Date	ao. Univ.-Prof. Dr. med. univ. Wolfgang Prodingler, MME (Bern), Vice Rector for Teaching and Study Matters	