Clinical PhD student

Matrikelnummer

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MEDIZINISCHE UNIVERSITÄT INNSBRUCK

Academic degree, surname, first name:

Clinical PhD programme

Phone number

E-Mail

EINGEGANGEN am:

Stempel - Abteilung für Lehre und Studienangelegenheiten

Proposal for final exam

Defense

Location:

Date/Time:

dd.mm. yyyy, hh:mm

Chair:

1st Examiner

2nd Examiner

Additional Examiner

Additional Examiner

Signatures:

Date Clinical PhD student

Date Supervisor

Approved by Vice-Rector for Teaching and Study Affairs ☐ YES ☐ NO

Date Univ.-Prof. Dr. Peter Loidl, Vice-Rector for Teaching and Study Affairs