

## PhD student / Clinical PhD student

Academic degree, surname, first name:

PhD / Clinical PhD programme

Supervisor

1<sup>st</sup> Member

2<sup>nd</sup> Member

additional Member

Start of PhD thesis

Matrikelnummer

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**Q794440202 - PhD**

**Q794445202 - Clinical PhD**



MEDIZINISCHE  
UNIVERSITÄT  
INNSBRUCK

EINGEGANGEN am:

Stempel - International Relations - PhD School

*Kopie des genehmigten Records ergeht  
am:*

*an den\*die Programmkoordinator\*in und  
an die\*den Studierende\*n*

## Record of PhD Thesis Committee Meetings

Protocol: The results of the meeting have to be documented. Particularly, it has to be indicated whether the candidate's progress is adequate to complete the thesis in due course. Any major changes, specific actions, milestones, deadlines, etc. discussed in the meeting need to be described. The protocol has to be signed by the PhD student, the supervisor and the committee members and **submitted within 14 days to the Department of International Relations - PhD School or phd-studien@i-med.ac.at for approval by the Vice Rector for Teaching and Study Matters.**

### Final PhD Thesis committee meeting

Date: \_\_\_\_\_

Protocol: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Overall assessment:

additional pages may be attached when  
necessary

***Thesis goals and requirements achieved; ready for submission.***

Committee members:	YES	NO
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PhD student:	YES	NO
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<b><i>Publication with PhD student as first author has been published or is in press.</i></b>	YES	NO
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(\* if NO, thesis committee please provide written explanation to be submitted with thesis; in English)

Signatures:

.....	.....	.....	.....	.....
student	supervisor	1 <sup>st</sup> member	2 <sup>nd</sup> member	additional member

Approved by the Vice Rector for Teaching and Study Matters

YES

NO

Date

ao. Univ.-Prof. Dr. med. univ. Wolfgang Prodinger, MME (Bern), Vice Rector for Teaching and Study Matters

**Proposed thesis reviewers:**

Internal / Organization: .....

External / Organization: .....

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**Proposed examiners for final defense:**

Chairperson / Organization:.....

Examiner / Organization:.....

Examiner / Organization: .....

Examiner / Organization:.....

**Coordinator's approval of submission:**

Date: .....

**- all course requirements according to the curriculum  
(Studienplan) have been achieved**

YES

NO

**Coordinator:**

.....  
*programme*

.....  
*name*

.....  
*signature*

**Signatures:**

.....  
*student*

.....  
*supervisor*

.....  
*1<sup>st</sup> member*

.....  
*2<sup>nd</sup> member*

.....  
*additional member*

**To be completed by the clerk:**

YES

NO

.....  
Name

.....  
Date

.....  
signature

Acceptance by Vice Rector for Teaching and Study Matters

YES

NO