

Submission of a doctoral thesis

PhD / Doctor of Philosophy (Q 794 440 202)

Clinical PhD / Doctor of Philosophy (Q 794 445 202)

Please complete this form and tick where appropriate!

Applicant

Academic degree, surname:

.....

First name:

.....

Registration number:

.....

Address:

.....

.....

Social security number:

.....

Phone number:

.....

E-Mail:

.....

**ABTEILUNG FÜR LEHRE UND
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**MEDIZINISCHE
UNIVERSITÄT**
INNSBRUCK

Information on thesis

Title of thesis:

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.....
.....

Name and address of advisor:

.....
.....

Date of enrollment:

The electronic version of the doctoral thesis was approved by programme coordinator on:

(review of formal correctness)

.....
Date Signature programme coordinator

The doctoral thesis has been submitted for the 1st time 2nd time

The following documents are attached:

- 4 hard copies of the thesis
- completed form of the thesis database

Herewith I ensure,

- that I elaborated the thesis on my own, I only used the indicated sources and I did not engage forbidden aids.
- that I have not used this thesis or any data presented in this thesis to acquire an academic degree in Austria or abroad.

.....
Location/date

.....
Student's signature

Reviewers

Suggestion of possible reviewers

1st reviewer:

Name/title

.....

Institution

.....

.....

2nd reviewer:

Name/title

.....

Institution

.....

.....

Agreement of the Vice Rector for Teaching and Study Matters

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Date

.....

Vice Rector for Teaching and Study Matters
Univ.-Prof. Dr. Peter Loidl

Confirmation of receipt of reviewer's reports

I received copies of the reviewer's reports.

.....

Date

.....

Student's signature