

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 exclusively computer based and tick where appropriate!

Applicant

Academic degree, surname:

.....

First name:

.....

Registration number

.....

Address:

.....

.....

Phone number:

E-Mail:

.....

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Information on thesis

Title of thesis:

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Name and address of advisor:

.....
.....
.....

Date of enrollment:

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

The thesis will be submitted for scientific review to

1st reviewer:

Name/title

.....

Institution

.....

.....

2nd reviewer:

Name/title

.....

Institution

.....

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Agreement of the Vice-Rector for Teaching and Study Affairs

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Date

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

Confirmation of receipt of reviewer's reports

I received copies of the reviewer's reports.

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Date

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Student's signature