

**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 International Relations - PhD School

**Proposal for public defense of the Master's thesis**

**Defense**

Location: \_\_\_\_\_

Date/Time: \_\_\_\_\_  
dd.mm. yyyy,                      hh:mm

Supervisor / Chair \_\_\_\_\_

1<sup>st</sup> Examiner \_\_\_\_\_

2<sup>nd</sup> 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