Proposal for Final Exam (Rigorosum)

PhD / Doctor of Philosophy (Q 794 440 202)

Please complete this form **exclusivly computer** based and tick where appropriate!

Candidate

Academic degree, surname

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First name:

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Registration number:

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Programme:

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Phone number:

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E-Mail:

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MEDIZINISCHE
UNIVERSITÄT
INNSBRUCK

Information on final exam (Rigorosum)

Location:

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Date:

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Committee

Chair:

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1st Examiner (incl. email address):

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2nd Examiner (incl. email address):

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3rd Examiner (incl. email address):

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Date Signature of supervisor

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Date Student's signature

Agreement of Vice Rector for Teaching and Study Matters

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