

Eingangsstempel

Registration number

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Degree programme:
Q794440202 - PhD



MEDIZINISCHE
UNIVERSITÄT
INNSBRUCK

Application for admission to PhD programme

PhD / Doctor of Philosophy (Q 794 440 202)

*Students must submit the application in
person at the Department of Teaching and
Academic Affairs, Speckbacherstraße 31-
33, 6020 Innsbruck!*

Please complete this form on a computer and tick where appropriate!

Applicant

Academic degree, First name, Surname

Sex: male female

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Date of birth:

Citizenship:

Native language:

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Postal address:

.....

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Phone number:

E-Mail:

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I have already been admitted at an Austrian university.

NO

YES, my registration number:

I have already submitted an application for admission to Innsbruck Medical University:

Date:

Intended PhD programme

Genetics, Epigenetics, Genomics

Image-guided Diagnosis and Therapy

MCBO Molecular cell biology and oncology

Musculoskeletal Sciences

Infection, Immunity & Transplantation / HOROS

Neuroscience

Doctoral College

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Studies: I have completed my studies in Austria (continue at „Point 1“) Abroad (continue at „Point 2“)

Point 1: Former studies have been completed in Austria

Completed studies:

(Provide a detailed description of the studies and give information about the duration of the studies in semesters)

I have completed the doctoral study of medicine (201) at another Austrian University

I have completed the diploma study human medicine (202) or dentistry (203) at an Austrian University

I have completed one of the following master/ diploma studies at an Austrian University:

Biology

Biotechnology

Botany

Chemistry

Microbiology

Molecular Biology

Molecular Medicine

Pharmacy

Zoology

others:

Point 2: Former studies have been completed abroad

Completed studies (exact description of the studies including duration in semesters) University, Faculty, Country, Academic degree

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Has an experimental diploma thesis/master's thesis been completed?

NO

YES

(Attach abstract!)

Title:

Other comparable experimental scientific experiences: (attach certificate)

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Have you already been admitted to PhD / Doctor of Philosophy programme?

NO

YES

University, Faculty, Country, date of admission:

.....

.....

Intended start of study

winter term: October

summer term: March

Do you intend to take up medical specialist training during your PhD studies?

YES

NO

Herewith I confirm that the information provided above is true and correct. I also confirm that I fulfill all requirements for immediate admission to or continuation of the study programme I intend to commence in Austria.

I am aware that my admission will be withdrawn, if I have been admitted on the basis of false statements and that the submission of forged documents will be prosecuted.

If Medical University of Innsbruck needs to request personal data from other authorities in order to process my application, I give my consent, that the relevant authorities may disclose personal data to Innsbruck Medical University.

.....
Date.....
Student's signature**Attachments**

I submit the application together with the following documents:

Study agreement form

University diploma

Record of academic progress (transcript of university courses and exams)

Curriculum vitae

Abstract

other:

**Approved by the Vice Rector of Teaching and Study Matters
of the Medical University of Innsbruck.**

Innsbruck, Date

Signature of the Vice Rector of Teaching and Study Matters

MEDICAL UNIVERSITY OF INNSBRUCK DEPARTMENT FOR TEACHING AND ACADEMIC AFFAIRS

Speckbacherstraße 31-33, A-6020 Innsbruck
E-mail: PhD-Studien@i-med.ac.at – Internet: <http://www.i-med.ac.at>