

# Submission of a doctoral thesis

PhD / Doctor of Philosophy (Q 794 440 202)

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  
STUDIENANGELEGENHEITEN**

Speckbacherstraße 31-33, 6020 Innsbruck, Austria Tel.  
+43 5 12 9003 - 70050, Fax +43 5 12 9003 - 73041  
PhD-Studien@i-med.ac.at  
www.i-med.ac.at



**MEDIZINISCHE  
UNIVERSITÄT**  
INNSBRUCK

## Information on thesis

**Title of thesis:**

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

**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      1<sup>st</sup> time      2<sup>nd</sup> 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

#### 1<sup>st</sup> reviewer:

Name/title

.....

Institution

.....

.....

#### 2<sup>nd</sup> reviewer:

Name/title

.....

Institution

.....

.....

## Agreement of the Vice Rector for Teaching and Study Matters

.....

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