

PhD student / Clinical PhD student

Academic degree, surname, first name: _____

PhD / Clinical PhD programme _____

Supervisor _____

1st Member _____2nd Member _____

additional Member _____

Start of PhD thesis _____

Matrikelnummer

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Q794440202 - PhD**Q794445202 - Clinical PhD****MEDIZINISCHE
UNIVERSITÄT**
INNSBRUCK

EINGEGANGEN am:

Stempel - International Relations - PhD School

*Kopie des genehmigten Records ergeht
am:**an den*die Programmkoordinator*in und
an die*den Studierende*n****Record of PhD Thesis Committee Meetings***

Protocol: The results of the meeting have to be documented. Particularly, it has to be indicated whether the candidate's progress is adequate to complete the thesis in due course. Any major changes, specific actions, milestones, deadlines, etc. discussed in the meeting need to be described. The protocol has to be signed by the PhD student, the supervisor and the committee members and **submitted within 14 days to the Department of International Relations - PhD School or phd-studien@i-med.ac.at for approval by the Vice Rector for Teaching and Study Matters.**

Final PhD Thesis committee meeting

Date: _____

Protocol: _____

Overall assessment:

additional pages may be attached when
necessary***Thesis goals and requirements achieved; ready for submission.***

Committee members: YES NO

PhD student: YES NO

Publication with PhD student as first author has been published or is in press. YES NO

(* if NO, thesis committee please provide written explanation to be submitted with thesis; in English)

Signatures:

.....
student	supervisor	1 st member	2 nd member	additional member

Approved by the Vice Rector for Teaching and Study Matters

YES

NO

Date

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

Proposed thesis reviewers:

Internal / Organization:

External / Organization:

Proposed examiners for final defense:

Chairperson / Organization:.....

Examiner / Organization:.....

Examiner / Organization:

Examiner / Organization:.....

Coordinator's approval of submission:

Date:

**- all course requirements according to the curriculum
(Studienplan) have been achieved**

YES

NO

Coordinator:

.....
programme

.....
name

.....
signature

Signatures:

.....
student

.....
supervisor

.....
1st member

.....
2nd member

.....
additional member

To be completed by the clerk:

YES

NO

.....
Name

.....
Date

.....
signature

Acceptance by Vice Rector for Teaching and Study Matters

YES

NO