

Application for admission to PhD programme

PhD / Doctor of Philosophy (Q 794 440 202)

Please complete this form exclusively computer based and tick where appropriate!

Applicant

Academic degree, surname:

.....

First name:

.....

Registration number (if already enrolled):

.....

Date of birth:

.....

Sex: male female

Citizenship:

.....

Native language:

.....

Mailing address:

.....

.....

Phone number:

.....

E-Mail:

.....

**ABTEILUNG FÜR LEHRE UND
STUDIENANGELEGENHEITEN**

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www.i-med.ac.at



**MEDIZINISCHE
UNIVERSITÄT**
INNSBRUCK

Intended PhD programme

Genetics and Genomics	Image-guided Diagnosis and Therapy
Infectious Diseases: Molecular Mechanisms	Molecular Cell Biology
Molecular Oncology	Musculoskeletal Sciences
Neuroscience	Regulation of Gene Expression during Growth, Development and Differentiation
The Aging of Biological Communication Systems	HOROS - Host Response in Opportunistic Infections

Intended start of study

winter term: October	summer term: March
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Details on completed studies

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

.....
.....

Period of studies

Degree

Date degree was awarded

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

NO

YES

University, Faculty, Country, date of admission:

.....
.....

I have already been admitted at an Austrian university.

My registration number:

.....

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

Date:

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I am aware that my admission will be withdrawn, if I have been admitted on the basis of false statements and that the submission of forged documents will be prosecuted.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

Form: „Registration of a doctoral thesis“

University diploma

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

Curriculum vitae

Abstract

other:

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