

Registration of a doctoral thesis

PhD / Doctor of Philosophy (Q 794 440 202)

Clinical PhD / Doctor of Philosophy (Q 794 445 202)

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

Applicant

Academic degree, surname:

.....

First name:

.....

Registration number (if already enrolled):

.....

Address:

.....

.....

Phone number:

.....

E-Mail:

.....

**BÜRO DES VIZEREKTORS FÜR LEHRE
UND STUDIENANGELEGENHEITEN**

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www.i-med.ac.at



**MEDIZINISCHE
UNIVERSITÄT**
INNSBRUCK

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:

Continue at Point 3

Point 2: Former studies have been completed abroad

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

.....

.....

.....

.....

.....

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

YES (Attach abstract!)

Title:

NO

Other comparable experimental scientific experiences: (attach certificate)

.....

.....

Title of thesis

.....
.....

Supervisor

Name and address:

.....

Department/Clinic, E-Mail:

.....

The doctoral studies will be conducted in the following programme:

.....

Thesis committee

1st Member:

.....

Department/Clinic:

.....

2nd Member:

.....

Department/Clinic:

.....

.....

Date

.....

Student's signature

Consent by the supervisor

KIS-access required YES NO

access only for authorized employees (laboratory, OP..) YES NO

.....

.....

Start (date):

Projected date:

Funding (FWF, EU, MUI, other; provide project number and date until which current funding is available)

.....

Confirmation of supervisor, coordinator and director

The supervisor herewith confirms that all necessary financial resources are available and that he/she is willing and able to super-vise the doctoral thesis described above without neglecting other official duties. Moreover he/she confirms that the two persons named above, both have agreed to participate in the thesis committee.

.....
Date

.....
Signature of supervisor

With her/his signature **the coordinator** confirms that the doctoral thesis described above can be conducted within the chosen programme and that the composition of the doctoral thesis committee is in agreement with the PhD curriculum and is suitable to execute the intended quality control function.

.....
Date

.....
Signature of coordinator

With her/his signature **the director** confirms that all necessary resources needed to conduct the doctoral thesis are available.

.....
Date

.....
Signature of director

Acceptance by the Vice-Rector for Teaching and Study Affairs

.....
Date

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

Assessment of the equivalence of previous studies for the admission to the PhD / Doctor of Philosophy at Innsbruck Medical University

The prior studies of the applicant are equivalent/not equivalent to the studies of human medicine at an Austrian University

equivalent

not equivalent

equivalent with additional requirements

The prior studies of the applicant are equivalent to Austrian science master's studies and provide an appropriate basis for a doctoral study at Innsbruck Medical University

equivalent

not equivalent

equivalent with additional requirements

.....

Date

.....

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

Consent given by the thesis supervisor

for assistance of the mentioned doctoral thesis
Please tick where appropriate!

Required materials and financial resources, as well as all necessary permissions, have been obtained by third parties/ budget of the organizational unit. If the thesis research includes the use of patient data or materials, or animal experimentation, consent of the ethic commission and/or an approved animal experimentation protocol are required prior to the approval by the Vice-Rector for Teaching and Study Affairs.

Consent of the ethic commission not required

Approval by the ethic commission attached

No animal experimentation planned

Approved (or submitted) animal experimentation protocol attached

The student has been informed about the formal requirements of the thesis (particularly about good laboratory practice and ethical standards)

Sex- and gender-specific differences will be addressed

Sex-and gender-specific differences cannot be adressed for the following reasons:

.....

The supervisor confirms, that all legal requirements are fulfilled (for example for animal experimentation, drug administration, medical device rules, hospital laws, notification requirements for non - interventional studies, etc.)

.....

Date

.....

Signature of supervisor

Clin. PhD: After the approval of the doctoral thesis the student has to contact the department of employees of the LKI-Univ.Kliniken/TILAK to initiate all necessary steps.