

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

Q794440202 - PhD

Q794445202 - Clinical PhD



MEDIZINISCHE
UNIVERSITÄT
INNSBRUCK

EINGEGANGEN am:

Stempel - Abteilung Internationale Beziehungen -
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: _____

additional pages may be attached when necessary

The electronic version of the doctoral thesis was approved by the Director of Clinical PhD Studies on:

Signature Director of Clinical PhD Studies

Overall assessment:

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 1st member 2nd member additional member

Approved by the Vice Rector for Teaching and Study Matters YES NO

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: YES NO

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

Date:

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