

Clinical PhD student

Matrikelnummer

Q794445202 - Clinical PhD



**MEDIZINISCHE
UNIVERSITÄT**
INNSBRUCK

Academic degree, surname, first name: _____

Clinical PhD programme _____

Phone number _____

E-Mail _____

EINGEGANGEN am:

Stempel - International Relations - PhD School

Proposal for final exam

Defense

Location: _____

Date/Time: _____
dd.mm. yyyy, hh:mm

Chair: _____

1st Examiner _____

2nd Examiner _____

3rd Examiner _____

Signatures:

Date Clinical PhD student

Date Supervisor

Approved by Vice-Rector for Teaching and Study Affairs

YES

NO