Citizen from Austria and EU- citizen must submit their complete documents until 16.04 in the summer term and 16.11 in the winter term. Non- EU and EWR citizen have to submit their complete documents until 05.02 in the summer term and 05.09 in the winter term.

## MEDIZINISCHE UNIVERSITÄT INNSBRUCK

# Application for admission to PhD programme

PhD / Doctor of Philosophy (Q 794 440 202)

Students must submit the application in person at the Department of International Relations - PhD School, Fritz-Pregl-Straße 3, IV, A-6020 Innsbruck

Registration number

Degree programme:

Q794440202 - PhD

Please complete this form on a computer and tick where appropriate!

### Applicant

Eingangsstempel

Academic degree, First name, Surname				Sex:	male	female
Date of birth:		Citizenship:		 Native lanç	quade:	
Postal address	:					
Phone number:			E-Mail:			
I have already	been admitted at	an Austrian university.				
	NO	YES, my registration numb	oer:			
	I have already s	ubmitted an application for a	dmission to Innsbr	uck Medica	al University	/:
	Date:					
Intended PhD	programme					

Genetics, Epigenetics, Genomics	Image-guided Diagnosis and Therapy
MCBD - Molecular and Cellular Biology of Diseases	Musculoskeletal Sciences
Infection, Immunity & Transplantation / HOROS	Neuroscience

#### **Doctoral College**

.....

**Studies:** I have completed my studies

#### 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:		

#### 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 d	liploma the	esis/master's thesis been completed?
NO	YES	(Attach abstract!)
		scientific experiences: (attach certificate)
Have you already been	n admitted	to PhD / Doctor of Philosophy programme?
NO	YES	
University, Faculty, Co	ountry, date	e of admission:

I am aware that my admission will be withdrawn, if I have been admitted on the basis of false statements and that the submission of forged documents will be prosecuted.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:				
Study agreement form					
University diploma					
Record of academic progress	(transcript of university courses and exams)				
Curriculum vitae	Curriculum vitae				
Abstract	Abstract				
other:					
Approved	by the Vice Rector of Teaching and Study Matters of the Medical University of Innsbruck.				
Innsbruck, Date	Signature of the Vice Rector of Teaching and Study Matters				

YES NO Do you intend to take up medical specialist training during your PhD studies?

summer term: March .....

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. l ai sub

Intended start of study

winter term: October .....

MEDICAL UNIVERSITY OF INNSBRUCK - International Relations - PhD School Fritz-Pregl-Straße 3, IV, A-6020 Innsbruck E-mail: PhD-Studien@i-med.ac.at - Internet: http://www.i-med.ac.at