To ensure timely admission, Austrian, EU, and EWR citizens must submit complete documents by **April 15** for the summer term and **November 15** for the winter term.

Non-EU citizens must submit by February 15 for the summer term and September 15 for the winter term.

If any deadline falls on a Saturday, Sunday, or public holiday, it will be extended to the next

working day (Monday to Friday) in accordance with §33 AVG.

Ein	gan	gsste	mpel

Reg	istra	atic	n n	um	bei	r	
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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

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

Annlicant

Applicant					
Academic degree, First name, Su	ırname		Sex:	male	female
Date of birth:	Citizenship:		Native lang		
Postal address:					
		E-Mail:			
I have already been admitted at a	ın Austrian university.				
NO	YES, my registration numb	oer:			
l have already su	ıbmitted an application for a	dmission to Inn	ishruck Medica	l I Iniversity	
Date:			ostaok Wodioc	Offiverency	
Intended PhD programme					
MCBD - Molecular and	l Cellular Biology of Disease	es	Image-guided	Diagnosis a	nd Therapy
Infection, Immunity & 7	Γransplantation / HOROS		Musculoskeleta	al Sciences	
Medical Psychology			Neuroscience		
Doctoral College					

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 doctor	al study of medi	cine (201) at anothe	r Austrian Unive	ersity
I have	completed the diplom	a study human	medicine (202) or de	entistry (203) at	an Austrian University
I have	completed one of the	following maste	r/ diploma studies at	an Austrian Un	iversity:
	Biology		Biotechnology		Botany
	Chemistry		Microbiology		Molecular Biology
	Molecular Medicine	:	Pharmacy		Zoology
	others:				
	rmer studies ha			n semesters) Un	niversity, Faculty, Country,
Academic deg			Ü	,	, , , , , , , , , , , , , , , , , , ,
Has an experi	mental diploma thesis	s/master's thesis	been completed?		
NO	YES (Attach abstract!)		
Title:					
Other compar	able experimental sci	entific experienc	es: (attach certificate	e)	
Have you alre	ady been admitted to	PhD / Doctor of	Philosophy program	nme?	
NO	YES				
·	culty, Country, date o				

Intended start of study		
winter term: October summer term: Ma	arch	
o you intend to take up medical specialist training during your PhD stud	dies? YES NO	
Herewith I confirm that the information provided above is true and correct. I all for immediate admission to or continuation of the study programme I intend to I am aware that my admission will be withdrawn, if I have been admitted on the submission of forged documents will be prosecuted. If Medical University of Innsbruck needs to request personal data from other a application, I give my consent, that the relevant authorities may disclose personal university.	o commence in Austria. The basis of false statements and that the authorities in order to process my	
Date Student's signar	ture	
Attachments		
I submit the application together with the following documents:		
Study agreement form		
University diploma		
Record of academic progress (transcript of university courses and exa	ams)	
Curriculum vitae	u113)	
Abstract		
other:		
Approved by the Vice Rector of Teaching of the Medical University of In		

MEDICAL UNIVERSITY OF INNSBRUCK - International Relations - PhD School

Innsbruck, Date

Fritz-Pregl-Straße 3, IV, A-6020 Innsbruck

E-mail: PhD-Studien@i-med.ac.at - Internet: http://www.i-med.ac.at

Signature of the Vice Rector of Teaching and Study Matters