Thesis Registration / Dissertation Agreement

for the PhD Study UO 094 202 at the Medical University of Graz

 (Please fill in this form accurately and completely in BLOCK LETTERS)

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| --- | --- |
|  | Received on: |

|  |  |
| --- | --- |
|  | Matriculation Number: |
| **Information about the PhD candidate** |  |  |  |  |  |  |  |  |
| Family Name |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First name (s) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Item 1**

**Information about the Dissertation** (to be completed by the applicant)

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| **Dissertation** topic |
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|  |
| Name of the **Institute, Division (Lehrstuhl) or Clinical Division** where the dissertation will be completed |
|  |
|  |
| Name of the **PhD program** |
| [ ]  Molecular Medicine |
| [ ]  Doctoral College – Metabolic and Cardiovascular Diseases |
| [ ]  Doctoral Program – Biomolecular Structures and Interactions |
| [ ]  Doctoral Program – Immune Modulation in Respiratory Diseases  |
| [ ]  Doctoral Program – Inflammatory Disorders in Pregnancy |

**Item 2**

**Agreement**

The **Medical University of Graz** offers a doctoral program in which students are taught the current state of research in their selected field of study and are given the opportunity to conduct research themselves within the framework of a research group and a current research project. The regulations of the curriculum (Curriculum for PhD Studies at the MedUni Graz) apply for all processes within the doctoral program.

The **students** accept that their involvement in the current research of a group requires continuous and coordinated work within the group and that the project can be assigned to others if the student fails to observe project milestones without any third party fault. The registered student agrees that the following information related to his or her dissertation project will be published on the website of the PhD program: name, working title of the dissertation, supervisor. The student is entitled to cancel this consent at any time.

The **supervisors** guide the students, organize the required resources, govern the cooperation of the students with the research group, determine the details of the education program (lectures, courses, conferences, research stays abroad, etc.) together with the students, support and advise the students in the preparation and presentation of results (papers, conference presentations, dissertation, etc.) and in all matters related to the research project and degree program.

The supervisors and the student agree to comply with the **Standards of Good Scientific** **Practice** of the Medical University of Graz.

**Item 3**

**Information on the Dissertation and Supervisor** (to be completed by the supervisor)

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| [ ]  The student has been sufficiently informed about the procedure and the formal provisions of the dissertation. |
| [ ]  The financial coverage for the necessary financial and material resources is provided by the department or own third party funds. |
| [ ]  Applications to the Ethics Commission are required: |
|  | [ ]  Applications have already been approved[ ]  Applications were submitted[ ]  Applications are being submitted |
| [ ]  Applications to the Ethics Commission are not required: |
| [ ]  Animal testing is necessary for the completion of the dissertation: |
|  | [ ]  Applications have already been approved[ ]  Applications were submitted |
| [ ]  Animal testing is not necessary for the completion of the dissertation. |

With their signatures, the members of the Thesis Committee confirm that the funding is secured and that other duties are not affected by the supervision. Furthermore, they confirm that

1) they accept the rules and obligations as outlined under Item 2 and

2) the information in Item 3 is complete.

**Members of the Thesis Committee**

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| --- |
| Member 1 / Supervisor (name in block letters**)** |
|  |
| Address of the **Institute/ Division (Lehrstuhl)/** **Clinical Division** which the Supervisor is affiliated with |
|  |
|  |
|  |  |  |  |  |  |  |
|  | Date |  | Signature of the Supervisor |  | Stamp |  |

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| --- |
| Member 2 / Co-Supervisor (name in block letters**)** |
|  |
|  Address of the **Institute/ Division (Lehrstuhl)/** **Clinical Division** which the Co-supervisor is affiliated with\*\* |
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|  |
|  |  |  |  |  |  |  |
|  | Date |  | Signature of the Co-Supervisor |  | Stamp |  |

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| --- |
| Member 3 / Co-Supervisor (name in block letters**)** |
|  |
| Address of the **Institute/ Division (Lehrstuhl)/** **Clinical Division** which the Co-supervisor is affiliated with\*\* |
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|  |
|  |  |  |  |  |  |  |
|  | Date |  | Signature of the Co-Supervisor |  | Stamp |  |

**\*Please note: One member of the thesis committee must not be affiliated with the Institute/ Division /** **Clinical Department where the dissertation is performed.**

**Declaration by the Student**

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| With her/his signature, the student confirms that she/he accepts the rules and obligations stipulated under Item 2. |
|  |  |  |  |  |  |  |  |  |
|  | Date |  | Name in block letters |  | Signature |  |  |  |

**These signatures are to be obtained from the Office for Doctoral Studies:**

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| --- |
| The above dissertation application is accepted. |
|  |  |  |  |  |  |
|  | Date |  | Signature of the Dean/Vice-Dean of Doctoral Studies (Assoc. Prof. Wadsack/Assoz. Prof. K. Eller) |  |  |