Presentation of dissertation topic and work plan to the Dissertation Committee UO 094 202

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

|  |  |
| --- | --- |
|   | Date of Submission: |

|  |  |
| --- | --- |
|  | Matriculation Number: |
| **Information about the PhD candidate** |  |  |  |  |  |  |  |  |
| Family Name |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First name (s) |
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**Information about the dissertation** (to be filled in completely by the PhD candidate)

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| **Dissertation** Topic |
|  |
|  |
|  |
| Name of the **Institute, Division (Lehrstuhl) or Clinical Division** where the Dissertation is performed |
|  |
|  |
| Name of the **PhD programme** |
| [ ]  Molecular Medicine |
| [ ]  AMBRA |
| [ ]  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 |

Pursuant to § 5 of the Curriculum for the PhD program at the Medical University of Graz, the PhD candidates are obligedto present their dissertation topic and a work plan before the dissertation committee. Following this presentation, this form sheet is to be forwarded to the Office for Doctoral Studies.

The presentation is only valid with the **detailed comments and signatures** of all members of the dissertation committee.

**Members of the dissertation committee**

**Member 1 / Supervisor:**

Name:

Institute/ Division/ Clinical Division:

**Member 2 / Co-Supervisor:**

Name:

Institute/ Division/ Clinical Division:

**Member 3 / Co-Supervisor:**

Name:

Institute/ Division/ Clinical Division:

**Date and place of the presentation of the dissertation topic and work plan to the dissertation committee**

Date and place of the presentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Closing time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Key aspects of the dissertation project (max. 2 pages)**

1. **Aims and objectives**
2. **Milestones**
3. **Work plan and time schedule**
4. **Planned courses and transferable skills workshops *(The PhD candidate and the Dissertation Committee agree on the courses to be taken in accordance with the curriculum and plan which transferable skills workshops should be attended by the PhD candidate)***
5. **Cooperations and where appropriate planned research stay(s) abroad**

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

**Comments of the dissertation committee**

**Dissertation Committee Member 1 / Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date and Signature)

Comments:

*(Signature and comments are obligatory for approval of this document and creditation to the course record of the PhD candidate. By signing this document, the undersigned confirms that she/he attended the presentation of the dissertation topic and work plan.)*

**Dissertation Committee Member 2 / Co-Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date and Signature)

Comments:

*(Signature and comments are obligatory for approval of this document and creditation to the course record of the PhD candidate. By signing this document, the undersigned confirms that she/he attended the presentation of the dissertation topic and work plan.)*

**Dissertation Committee Member 3 / Co-Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date and Signature)

Comments:

*(Signature and comments are obligatory for approval of this document and creditation to the course record of the PhD candidate. By signing this document, the undersigned confirms that she/he attended the presentation of the dissertation topic and work plan.)*