



Registration for the Final oral comprehensive examination before a Committee:

In accordance with § 7 of the curriculum for the **Doctoral Programme Nursing Science** as announced in the Newsletter of the Medical University of Graz, Issue 21, RN 105, Academic Year 2016/17 of June 28th, 2017.

Student Identification Number:		
Degree Program Identification Number:		
O	784	204

Surname:		First Name(s):	
Phone Number:		E-mail:	
		@stud.medunigraz.at	
Examination Date:	Time:	Examination Location:	
Doctoral School:			

Examination Board:

Defense of the dissertation (*dissertation topic*):

 Examiner

 Signature and seal

 Examiner

 Signature and seal

 Examiner

 Signature and seal

 Chairperson

 Signature and seal

Agreement to the Examination Board by the supervisor

 Date

 Signature and seal of the supervisor

Approval of the Examination Board by the Study Rector

 Date

 Priv.-Doz. Dr. Johannes Schalamon - Study Rector