



## Registration for the Final oral comprehensive examination before a Committee:

In accordance with § 7 of the currently valid curriculum for the **Doctoral Degree Program in Medical Science**

|                                       |            |            |
|---------------------------------------|------------|------------|
| Student Identification Number:        |            |            |
|                                       |            |            |
| Degree Program Identification Number: |            |            |
| <b>O</b>                              | <b>790</b> | <b>202</b> |

|                   |       |                       |  |
|-------------------|-------|-----------------------|--|
| 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 stamp of the supervisor

### Approval of the Examination Board by the Study Rector

\_\_\_\_\_  
Date

\_\_\_\_\_  
Study Rector