



Registration for the Final oral comprehensive examination before a Committee:

In accordance with § 7 of the currently valid curriculum for the **PhD Program**

Student Identification Number:		
Degree Program Identification Number:		
O	094	202

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

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