

# Thesis Registration / Dissertation Agreement for the Doctoral Degree Program in Medical Science UO 790 202 at the Medical University of Graz

(Please fill in this form accurately and completely in BLOC	K LETTERS)
	Received on:
	Student identification number (if
Applicant Information	
Surname	
First name (s)	
<b>Item 1</b> (to be completed by the applicant)	
Dissertation topic (the topic must also be listed in the "mugthesi	s" exchange)*
ID growth on any orthogon	
ID number "mugthesis"	
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Name of the Institute/ Division (Lehrstuhl)/ Clinical Division wh	ere the dissertation will be completed
Name of the <b>Doctoral School</b>	
Lifestyle-Related Diseases	Sustainable Health Research
General and Clinical Pathophysiology	☐ Molecular Medicine and Inflammation
☐ Translational Molecular and Cellular Biosciences	☐ Musculoskeletal System and Oral Health

<sup>\*</sup> The dissertation shall be written in English



## Item 1 - Amendment

(to be completed in case another dissertation topic has been assigned to the applicant before)

Title Dissertation topic	<u> </u>		
ID number "mugthesis"	(		
Dissertation committe	e		
Main supervisor:			
Co-supervisor:			
Co-supervisor:			
Co-supervisor:			
Name of the <b>Doctoral</b> S	ichool		
Declaration:			
With the signature indicated topic by r	the student confirms to have nutual consent with the diss	e terminated the dissertation agreem sertation committee.	nent on the above
Date	Name in block letters	Signature	



#### 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 Doctoral Studies at the Medical University of Graz) apply to 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 Doctoral School: 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 students 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)
☐ 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.
The thematic focus of this dissertation requires German as scientific language. If it does, an explanation is required and enclosed with this agreement.
Yes, this dissertation requires German as scientific language.
☐ No, this dissertation does not require German as scientific language.



With their signatures, the members of the Dissertation 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.

The Dissertation Committee is chaired by the supervisor. One Co-Supervisor must NOT be affiliated with the Institute, Center or University Clinic where the work is performed. Two Dissertation Committee members including the supervisor must be qualified university teachers (venia docendi), for further members a scientific doctorate is considered a sufficient qualification.

## Members of the Thesis Committee

Member 1 / Supervisor (name in block letter	ers)	
	The Control of the Co	
Address of the Institute/ Division (Lehrstu	uhl)/ Clinical Division which the Supervisor is affiliated with	
Date	Signature of the Supervisor	Stamp
Harris 2 / Ca Company	1-11	
Member 2 / Co-Supervisor (name in block l	letters)	
Address of the Institute/ Division (Lehrstu	uhl)/ Clinical Division which the Co-supervisor is affiliated with	
Date	Signature of the Co-Supervisor	Stamp
Member 3 / Co-Supervisor (name in block l	atters	
Member 3 / Co-supervisor (name in block t	icite 3)	
Address of the Institute/ Division (Labrett	uhl)/ Clinical Division which the Co-supervisor is affiliated with	
Address of the institute/ Division (Lenisti	and control of the co-supervisor is arritated with	
	Signature of the Co-Supervisor	Stamp



#### **Declaration by the Student**

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With her/his s Item 2.	signature, the student confirms tha	at she/he accepts the rules and obl	ligations stipulated under
Date	Name in block letters	Signature	
Approval by th Abteilung)	e Director of the Institute/ Divisi	on/ Department (Institut/ Lehrstu	ıhl/ Klinische
available to u	ndertake this dissertation. Further	at the necessary material, space a more, she/he confirms that the su ufficient time to provide supervisio	pervisor, within the
Date	Name in block letters	Signature	Stamp
With her/his s	signature, the Director confirms th	ty Clinic (Zentrum/ Universitätskl at the necessary material, space a more, she/he confirms that the su	nd financial resources are
framework of	her/his official duties, will have s	ufficient time to provide supervisio	on.
 Date	Name in block letters		 Stamp
		<u> </u>	
Approval by th	e Spokesperson of the Doctoral S	school	
Doctoral School		ms that the above dissertation is fee e Thesis Committee is acceptable i	
Date	Name in block letters	Signature	Stamp
<u> </u>			



# This signature will be obtained from the <u>study management</u>:

The above dissertation application is accepted.	
Date	Signature of the Dean /Vice-Dean of Doctoral Studies (UnivProf. Christian Wadsack UnivProf. <sup>in</sup> Kathrin Eller/ AssProf. Amin El-Helieb)