

# 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 BLOCK LETTERS)

Received on:
--------------

## Applicant Information

Student identification number (if

Surname
First name (s)

## Item 1 (to be completed by the applicant)

Dissertation topic (the topic must also be listed in the "mugthesis" exchange)*	
ID number „mugthesis“	
Name of the Institute/ Division (Lehrstuhl)/ Clinical Division where the dissertation will be completed	
Name of the Doctoral School	
<input type="checkbox"/> Lifestyle-Related Diseases	<input type="checkbox"/> Sustainable Health Research
<input type="checkbox"/> Molecular Medicine and Inflammation	<input type="checkbox"/> Translational Molecular and Cellular Biosciences
<input type="checkbox"/> Musculoskeletal System & Oral Health	<input type="checkbox"/> Neuroscience

\* 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)

<b>Title Dissertation topic</b>
<b>ID number „mugthesis“</b>
<b>Dissertation committee</b>
Main supervisor:
Co-supervisor:
Co-supervisor:
Co-supervisor:
<b>Name of the Doctoral School</b>

### **Declaration:**

With the signature the student confirms to have terminated the dissertation agreement on the above indicated topic by mutual consent with the dissertation committee.

.....

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 **student** declares that he/ she has no conflicts of interest of any kind (e.g. family relationships) with his/ her supervisors and commits him/herself to inform the Dean of Doctoral Studies in case conflicts of interest occur during the course of the supervisory relationship within the doctoral studies.

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)

<input type="checkbox"/> The student has been sufficiently informed about the procedure and the formal provisions of the dissertation.
<input type="checkbox"/> The financial coverage for the necessary financial and material resources is provided by the department or own third party funds.
<input type="checkbox"/> Applications to the Ethics Commission are required: <ul style="list-style-type: none"> <li><input type="checkbox"/> Applications have already been approved</li> <li><input type="checkbox"/> Applications were submitted</li> <li><input type="checkbox"/> Applications are being submitted</li> </ul> <input type="checkbox"/> Applications to the Ethics Commission are not required.
<input type="checkbox"/> Animal testing is necessary for the completion of the dissertation: <ul style="list-style-type: none"> <li><input type="checkbox"/> Applications have already been approved</li> <li><input type="checkbox"/> Applications were submitted</li> </ul> <input type="checkbox"/> Animal testing is not necessary for the completion of the dissertation.
<input type="checkbox"/> The thematic focus of this dissertation requires German as scientific language. If it does, an explanation is required and enclosed with this agreement. <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, this dissertation requires German as scientific language.</li> <li><input type="checkbox"/> No, this dissertation does not require German as scientific language.</li> </ul>

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 letters)		
Address of the Institute/ Division (Lehrstuhl)/ Clinical Division which the Supervisor is affiliated with		
..... Date	..... Signature of the Supervisor	..... Stamp

Member 2 / Co-Supervisor (name in block letters)		
Address of the Institute/ Division (Lehrstuhl)/ Clinical Division which the Co-supervisor is affiliated with		
..... Date	..... Signature of the Co-Supervisor	..... Stamp

Member 3 / Co-Supervisor (name in block letters)		
Address of the Institute/ Division (Lehrstuhl)/ Clinical Division which the Co-supervisor is affiliated with		
..... Date	..... Signature of the Co-Supervisor	..... Stamp

**Declaration by the Student**

With her/his signature, the student confirms that she/he accepts the rules and obligations stipulated under Item 2.

---

.....  
Date                      Name in block letters                      Signature

**Approval by the Director of the Institute/ Division/ Department (Institut/ Lehrstuhl/ Klinische Abteilung)**

With her/his signature, the Director confirms that the necessary material, space and financial resources are available to undertake this dissertation. Furthermore, she/he confirms that the supervisor, within the framework of her/his official duties, will have sufficient time to provide supervision.

---

.....  
Date                      Name in block letters                      Signature                      Stamp

**Approval by the Head of the Center or University Clinic (Zentrum/ Universitätsklinik)**

With her/his signature, the Director confirms that the necessary material, space and financial resources are available to undertake this dissertation. Furthermore, she/he confirms that the supervisor, within the framework of her/his official duties, will have sufficient time to provide supervision.

---

.....  
Date                      Name in block letters                      Signature                      Stamp

**Approval by the Spokesperson of the Doctoral School**

With her/his signature, the Spokesperson confirms that the above dissertation is feasible within the chosen Doctoral School, and that the composition of the Thesis Committee is acceptable in accordance with the curriculum and with regard to quality assurance.

---

.....  
Date                      Name in block letters                      Signature                      Stamp

This signature will be obtained from the study management:

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