

THESIS PROPOSAL

for the Doctoral Study of Medical Science (N090) at the
Medical University of Vienna

Title

acad. degree, first name, last name
(field of graduate study)
E-mail:

Assigned Program: Select from the available programs

Location: Institute and address where thesis will be performed

Supervisor: Name and address of supervisor

Supported by: Name and address of granting institution, project, etc.

Date: month, year

Signature of the applicant

Summary and aim

Background

Operational objectives:

1st year

2nd year

Working plan

1st year

Months 1-6

Months 7-12

Working plan

2nd year

Months 13-18

Months 19-24

References

Timelines

	1 st year		2 nd year	
	Months 1-6	Months 7-12	Months 13-18	Months 19-24