

| Study code | Registration number |
|------------|---------------------|
| UN790      |                     |

## Registration of the doctoral thesis

|   |  |                      |  |                 |          |          |                    |                    |                    |                    |  |
|---|--|----------------------|--|-----------------|----------|----------|--------------------|--------------------|--------------------|--------------------|--|
| <b>Last and First Name</b>  |  |                      |  |                 |          |          |                    |                    |                    |                    |  |
| <b>Address of service</b>   |  |                      |  |                 |          |          |                    |                    |                    |                    |  |
| <b>Telephone</b>  | <b>@mail</b>                                       |                      |  |                 |          |          |                    |                    |                    |                    |  |
| <b>Completed diploma</b>  |  |                      |  |                 |          |          |                    |                    |                    |                    |  |
| <p>Hereby I declare that I have neither started nor completed a doctoral program at a medical faculty/medical university and that I have not/will not submit(ted) this doctoral thesis or parts of it for any other doctoral program.</p> <p>I declare that I have presented my thesis proposal to the doctoral thesis supervisor, to the members of the doctoral thesis committee and to the program coordinator of the thematic program.</p> <p>I declare that I acknowledge to be sworn to secrecy according to the <a href="#">Non-disclosure agreement</a> of the Medical University of Vienna and to be committed to the adherence with these formalities.</p>  |  |                      |  |                 |          |          |                    |                    |                    |                    |  |
| <b>Date (DD.MM.YYYY):</b>   | <b>Signature of the applicant</b>                  |                      |  |                 |          |          |                    |                    |                    |                    |  |
| <b>Preliminary working title (please do not use abbreviations)</b>  |  |                      |  |                 |          |          |                    |                    |                    |                    |  |
| <b>Thematic program to which the thesis has been assigned</b>   |  |                      |  |                 |          |          |                    |                    |                    |                    |  |
| <b>Name of doctoral thesis supervisor (has to be evaluated as supervisor within the thematic program)</b>   |  |                      |  |                 |          |          |                    |                    |                    |                    |  |
| <b>Institute/Department:</b>  |  |                      |  |                 |          |          |                    |                    |                    |                    |  |
| <b>Division:</b>  |  |                      |  |                 |          |          |                    |                    |                    |                    |  |
| <b>To be carried out at the Institute/Department/Division for</b>   |  |                      |  |                 |          |          |                    |                    |                    |                    |  |
| <b>Name of the head of the organizational unit</b>  |  |                      |  |                 |          |          |                    |                    |                    |                    |  |
| <p><b>Declaration of the doctoral thesis supervisor</b></p> <p>Hereby I agree to supervise the doctoral thesis as specified above. Required material, spatial and financial resources, as well as all permissions (e.g. statement of the ethics commission, authorization for work with genetically altered organisms, bioassay permission, radioactivity authorization, etc.) have been obtained and are current. The head of the organizational unit has been informed about the thesis assignments and has agreed to provide support.</p> <p><b>The thesis has been integrated into a funded research project.</b></p> <p><b>Please indicate the project data and add approval documents:</b></p> <table> <tr> <td><b>Project data:</b></td> <td><b>Scholarship (please indicate if available):</b></td> </tr> <tr> <td>Project number:</td> <td>Sponsor:</td> </tr> <tr> <td>Sponsor:</td> <td>Amount of support:</td> </tr> <tr> <td>Amount of support:</td> <td>Period of support:</td> </tr> <tr> <td>Period of support:</td> <td></td> </tr> </table> |  | <b>Project data:</b> | <b>Scholarship (please indicate if available):</b> | Project number: | Sponsor: | Sponsor: | Amount of support: | Amount of support: | Period of support: | Period of support: |  |
| <b>Project data:</b>  | <b>Scholarship (please indicate if available):</b> |                      |  |                 |          |          |                    |                    |                    |                    |  |
| Project number:   | Sponsor:   |                      |  |                 |          |          |                    |                    |                    |                    |  |
| Sponsor:  | Amount of support:                                 |                      |  |                 |          |          |                    |                    |                    |                    |  |
| Amount of support:  | Period of support:                                 |                      |  |                 |          |          |                    |                    |                    |                    |  |
| Period of support:  |  |                      |  |                 |          |          |                    |                    |                    |                    |  |
| <b>Date and signature of the head of the organizational unit    Date and signature of the supervisor</b>  |  |                      |  |                 |          |          |                    |                    |                    |                    |  |

| Two further thesis committee members* suggested by the program coordinator  |                 |                              |
|---|-----------------|------------------------------|
| <b>Member 1*</b>  | <b>external</b> | <b>Mentor</b>                |
| <b>Name:</b>  |                 |                              |
| <b>Institute/Clinic</b>   |                 |                              |
| <b>Member 2*</b>  | <b>external</b> | <b>Mentor</b>                |
| <b>Name:</b>  |                 |                              |
| <b>Institute/Clinic</b>   |                 |                              |
| The thesis plan was defended in front of the thesis committee members and approved by its two further members* on |                 |                              |
| <b>Signature of member 1</b>  |                 | <b>Signature of member 2</b> |

| Senior supervisor** suggested by the program coordinator |
|--|
| <b>Name and signature:</b>                               |
| <b>Institute/Clinic:</b>                                 |

| Approval by the program coordinator |  |
|-------------------------------------|--|
| <b>Date:</b>                        | <b>Name and signature of the program coordinator</b> |

| Approval by the direction of curriculum |  |
|---|--|
| <b>Changes:</b>                         | <b>Prof. Sylvia Knapp</b><br>Co-Director |

*\*) The thesis committee has to consist of the supervisor and at least two further individuals. One of these members must not belong to the organizational unit, to which the thesis topic is assigned (external member). The thesis committee members shall watch the progress of the thesis, at least once a year, and if necessary give an expert opinion or serve as intermediates between the doctoral candidate and the supervisor in case of problems. In addition, one of the two members shall take on the task of arbitrator (mentor) to settle disagreements between the doctorand and the supervisor in cases where that may apply. The two further thesis committee members do not have to be evaluated within the thematic program.*

*\*\* ) Required only if the supervisor has the status of a "junior supervisor". The "senior supervisor" has to be registered as supervisor within the thematic program.*

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## PROPEDEUTICS

**Propedeutics** are an important part of the doctoral program. It has to be completed by the end of the 4th semester and comprises a choice of medical and basic courses, of which 6 semester hours are obligatory. There is mandatory 1 semester hour in each „Ethic and Good Scientific Practice” and “Project management and intellectual property rights”.

4 semester hours can be chosen from the pool of the following courses. The selection has to be done under the supervision of the thesis committee and the program coordinator and is dependent on the undergraduate education and the selected thematic program.

Doctorands with a non-medical diploma have to complete at least one of the two "Medical Propedeutics". Doctorands with a medical diploma are not permitted to attend either of the two "Medical Propedeutics".

| Compulsory:   | Semester hours |
|---|----------------|
| Ethics and Good Scientific Practice                 | 1 SWSt         |
| Project management and intellectual property rights | 1 SWSt         |

| To be selected:  | Semester hours | Choice |
|--|----------------|--------|
| Medical Propedeutics – Anatomy and Physiology              | 2 SWSt         |        |
| Medical Propedeutics – Linking Biology and Diseases        | 2 SWSt         |        |
| Molecular and Cell Biology for Medics                      | 2 SWSt         |        |
| Methods of Life Sciences                                   | 2 SWSt         |        |
| Methods in Molecular Biology and Biochemistry              | 2 SWSt         |        |
| Medical Biostatistics I                                    | 2 SWSt         |        |
| Medical Biostatistics II                                   | 2 SWSt         |        |
| Scientific Software and Databases                          | 2 SWSt         |        |
| Mathematical Methods for Biomedical Research               | 2 SWSt         |        |
| Preparatory Course Medical Biostatistics                   | 1 SWSt         |        |
| Basics of Scientific Writing and Presentation              | 2 SWSt         |        |
| Introduction to Medical Imaging and Biomedical Engineering | 2 SWSt         |        |
| Experimental Biomedical Studies in Animals                 | 3 SWSt         |        |
| Writing and Speaking in Scientific English                 | 1 SWSt         |        |

**Signature of the applicant:**

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**Signature of the supervisor:**

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**Signature of the program coordinator:**

\_\_\_\_\_

1 SWSt (1 semester hour) = 15 academic hours a 45 minutes

**This form has to be filled in and signed by the supervisor in connection with each thesis registration!**

**Essentielle Eckpunkte der Dissertationsbetreuung an der MedUni Wien**

1. *Führung und Hilfestellung bzgl. eines Dissertationsprojekts*
2. *Einschätzung der notwendigen Ausbildung und Führung bzw. Hilfestellung bei Auswahl und Besuch der Lehrveranstaltungen*
3. *Integration der Studierenden in eine aktive Forschungsgruppe oder in ein Forschungsnetzwerk*
4. *Hilfe bei der Erstellung und Einreichung des Dissertationsplans innerhalb von 6 Monaten nach Inskription*
5. *Engmaschige Kontrolle und Anleitung bei der Durchführung der Dissertation*
6. *Vermittlung von wissenschaftlicher Kommunikationskompetenz*
7. *Unterstützung der DissertantInnen bei der aktiven Teilnahme und persönliche Teilnahme am jährlichen PhD Symposium der MedUniWien*
8. *Aktive Teilnahme am Unterricht (besonders DissertantInnen-Seminare) innerhalb des gewählten Programms, Teilnahme an Rigorosen und Anleitung der Studierenden für die Journal Clubs*
9. *Unterstützung der DissertantInnen bei der aktiven Teilnahme an internationalen Kongressen*
10. *Hilfestellung bei der Erstellung eines Erstautormanuskripts und der Dissertation*

Ich bin BetreuerIn im thematischen Programm/in den thematischen Programmen

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und habe die obengenannten Richtlinien zur Kenntnis genommen.

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Vorname, Nachname BetreuerIn

Datum, Unterschrift

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Vorname, Nachname Studierende/r

Datum, Unterschrift