



MEDICAL UNIVERSITY OF GRAZ
Study Management
Harrachgasse 21/2
A-8010 Graz

Received on:

File no.:

Application for Admission to the Doctoral Degree Program in Medical Science (UO 790 202)

Complete this form in block letters and tick where appropriate

Personal data

Last name:		
First name(s):		
Date of birth:	Sex:	
	<input type="checkbox"/> male	<input type="checkbox"/> female
Citizenship:	Mother tongue:	
Permanent address (street, number, floor):		
Zip:	City:	Country:
Delivery address (street, number, floor):		
Zip:	City:	Country:
c/o:	Valid till:	
Telephone number:	E-Mail:	



Details on the intended study program

I apply for admission
for the Doctoral Degree Program in Medical Science
Intended start of studies:
<input type="checkbox"/> Winter term 20__ / __ <input type="checkbox"/> Summer term 20__

Educational background

Secondary school leaving certificate:
Date of issue:.....
Country:.....
Study programs:
Bachelor Degree / Diploma:
Name of University:.....
Address of University:.....
Study program(s):.....
Period of study (from - till):.....
Date of completion:.....
Master Degree / Diploma:
Name of University:.....
Address of University:.....
Study program(s):.....
Period of study (from - till):.....
Date of completion:.....



Have you already studied at a university in Austria?	
<input type="checkbox"/> Yes Registration number:	<input type="checkbox"/> No
I have already submitted an application for admission to the Medical University of Graz:	
Date:	

Enclosures to the application

I enclose the following documents:
<input type="checkbox"/> Dissertation agreement
<input type="checkbox"/> Record of academic progress (transcript of university courses and exams)
<input type="checkbox"/> University diplomas
<input type="checkbox"/> Curriculum vitae
<input type="checkbox"/> Copy of the passport
<input type="checkbox"/> Copy of the passport of the contact person (in case you are currently abroad and ask a contact person in Austria to take care of your application)
<input type="checkbox"/> NEW: Proof of English knowledge: (further information: https://www.medunigraz.at/en/phd/admission/proof-of-english-knowledge/)

I affirm that the above statements are true and correct. I also affirm that, in the country where my secondary school leaving certificate and my university diploma have been issued, I fulfil all requirements for immediate admission to or continuation of the study program(s) I intend to commence in Austria.

I am aware that my admission will be withdrawn if I have been admitted owing to false statements and that the submission of forged documents will be prosecuted.

If the Medical University of Graz needs to request personal data from other authorities in order to process my application, I give my consent that the relevant authorities may disclose personal data to the Medical University of Graz.

_____ Date

_____ Signature