

Application to the responsible Doctoral Affairs Committee  
for admission to the doctoral examination procedure

**To be submitted to the student  
service:**

Service Doktorat  
Email: [doktorat@umit-tirol.at](mailto:doktorat@umit-tirol.at)  
Tel: +43(0)50-8648-3819  
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I hereby apply for admission to the doctoral examination procedure, and I declare that I wrote the submitted doctoral thesis myself - with the title mentioned below in accordance with the Doctoral Regulations currently in force - and that I did not use any other sources and aids than those explicitly mentioned. **I have taken particular note of the provisions stated in UMIT TIROL's Plagiarism Guideline.**

**1) Title of the submitted doctoral thesis:**

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Form of the doctoral thesis

- Monograph
- cumulative doctoral thesis

Doctoral studies:  Nursing Science    Health Technology Assessment    Public Health  
 Management and Economics in Healthcare    Psychology    Technical Sciences  
 Sports Medicine, Health Tourism and Leisure Sciences    Health Information Systems

**2) Personal Data:**

Student Number	
Surname	
First name	
Telephone Number	
Address	
Postal Code/City	
Nationality	

**3) Information on other doctoral examination procedures relating to the doctoral thesis mentioned in Pt. 1):**

*(Please tick the appropriate box)*

- I am not applying, and I did not apply, for a doctoral examination procedure at any other institution.
- I am applying or I applied for a doctoral examination procedure at the following other institutions:

Name of the institution(s):	Aspired academic degree	Submission date of the application and information on the current status of the application procedure

**4) Information on the mandatory publication:**

*(only relevant for Dr.phil. monographs)*

The (partial) results of the doctoral thesis have been presented at the following conference or have been published in the following publication organ pursuant to § 2 Sect. 6 Doctoral Regulations Dr. phil.:

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**5) For admission to the doctoral examination procedure, the following documents must be attached:**

- Printed version as well as a digital version of the doctoral thesis according to the guidelines for submitting a thesis – see Senate decision as amended:

*Please use the template, to find under Doktorat-Studien:*

<https://www.umat-tirol.at/page.cfm?vpath=studien/studienmanagement/formulare--informationen>

**Additionally enclosed as last page of the printed version:**

- Affidavit signed by the applicant, stating that he/she wrote the thesis himself/herself and without the help of third parties (originally signed and enclosed in all printed versions of the doctoral thesis).

*Please use the template, to find under Doktorat-Studien:*

<https://www.umat-tirol.at/page.cfm?vpath=studien/studienmanagement/formulare--informationen>

**Additionally in digital form, but not enclosed** (shall be submitted electronically, not in print):

- If already available: statement on the doctoral thesis (written by the supervisor of the doctoral thesis)
- Proof and results of a plagiarism test by means of an anti-plagiarism software (e.g.: Turnitin)
- Short curriculum vitae
- Full list of all publications in connection with the doctoral thesis
- Proof of the mandatory publication of the (partial) results of the doctoral thesis (by attaching the article or conference contribution or any other corresponding proof) (see § 2 Sect. 6 Doctoral Regulations Dr. phil.) (see Point 4)
- Declaration on the personal scientific contribution

*Please use the template, to find under Doktorat-Studien:*

<https://www.umat-tirol.at/page.cfm?vpath=studien/studienmanagement/formulare--informationen>

- Only in case of cumulative doctoral theses: full correspondence with the journals as well as their referees
- Only in case of cumulative doctoral theses: if already available: AGFE (Senate Commission for Research Evaluation) vote or confirmation of submission to AGFE (see <https://moodle.umat.at/course/view.php?id=337>)

**6) Information on the supervisor:**

Title	
Surname	
First name	

**7) Proposals for thesis reviewers:**

*Proposals are mandatory and shall be taken in consultation with the supervisor.*

*Advice:*

- *The applicant shall propose two reviewers internal to UMIT TIROL and three reviewers external to UMIT TIROL.*
- *The reviewers must, in any case, have successfully completed a habilitation.*
- *The proposing of independent experts from the respective subject area can help in speeding up the assessment procedure.*
- *The Doctoral Affairs Committee reserves the right to appoint other competent reviewers.*

**Proposal 1: internal reviewer (member of UMIT TIROL)**

Title	
Surname	
First name	

**Proposal 2: internal reviewer (member of UMIT TIROL)**

Title	
Surname	
First name	

**Proposal 3: external reviewer**

Title	
Surname	
First name	
University/College	
Habilitation in	
Website with contact details *	
E-Mail address *	

\* Mandatory for non-members of UMIT TIROL

**Proposal 4: external reviewer**

Title		
Surname		
First name		
University/College		
Habilitation in		
Website with contact details *		
E-Mail address *		

\* Mandatory for non-members of UMIT TIROL

**Proposal 5: external reviewer**

Title	
Surname	
First name	
University/College	
Habilitation in	
Website with contact details *	
E-Mail address *	

\* Mandatory for non-members of UMIT TIROL

**8) Information on the examiners:**

According to the Doctoral Regulations currently in force, I\* would like to propose the following examiners for the oral defense:

Examiner (title, first name, surname)	Contact details (not necessary if examiner is member of UMIT)

\* In consultation with the supervisor

**9) Consent to the publication of the monograph – full text in the Online Public Access Catalogue (OPAC) of UMIT TIROL:**

I agree to the publication of my monograph in full text in addition to the short version:

- YES
- NO

The supervisor agrees to the publication of the above-mentioned monograph in full text in addition to the short version:

- YES
- NO

\_\_\_\_\_  
Place/Date

\_\_\_\_\_  
Name Applicant

\_\_\_\_\_  
Signature Applicant

\_\_\_\_\_  
Place/Date

\_\_\_\_\_  
Name Supervisor

\_\_\_\_\_  
Signature Supervisor