Application to the responsible Doctoral Affairs Committee

**To the attention of Study Management**:

Barbara Mayr

Email: [doktorat@umit.at](mailto:doktorat@umit.at)

Tel: +43(0)50-8648-3819

Fax: +43(0)50-8648-673819

for admission to the doctoral examination procedure

I hereby apply for admission to the doctoral examination procedure and I declare that I wrote the submitted doctoral thesis with the title mentioned below in accordance with the Doctoral Regulations currently in force myself 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’s Plagiarism Guideline.**

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

|  |
| --- |
|  |

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

1. **Personal Data:**

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

1. **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 |
| --- | --- | --- |
|  |  |  |

1. **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.:

|  |
| --- |

1. **For admission to the doctoral examination procedure, the following documents must be attached:**

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

<http://www.umit.at/page.cfm?vpath=studien/studienmanagement/formulareinfos#DIS>

**Additionally enclosed:**

* Affidavit signed by the applicant, stating that he/she wrote the thesis himself/herself and without the help of third parties (signed original enclosed in the print versions of the doctoral thesis) (*please use the following template:* [*https://www.umit.at/page.cfm?vpath=studien/studienmanagement/formulareinfos#DIS*](https://www.umit.at/page.cfm?vpath=studien/studienmanagement/formulareinfos#DIS)).

**Additionally in electronic 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 following template:* [*https://www.umit.at/page.cfm?vpath=studien/studienmanagement/formulareinfos#DIS*](https://www.umit.at/page.cfm?vpath=studien/studienmanagement/formulareinfos#DIS))
  + 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 (Work Group for Research Evaluation) vote or confirmation of submission to AGFE (see <https://moodle.umit.at/course/view.php?id=337>)

1. **Information on the supervisor:**

|  |  |
| --- | --- |
| Title |  |
| Surname |  |
| First name |  |

1. **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 and three reviewers external to UMIT.*
* *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)**

|  |  |
| --- | --- |
| Title |  |
| Surname |  |
| First name |  |

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

|  |  |
| --- | --- |
| 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

**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

**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

1. **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

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

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