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Manually filled forms (fully or partially) will not be accepted.

Matriculation number

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Programme code:
Q 794 440 202 PhD



MEDIZINISCHE
UNIVERSITÄT
INNSBRUCK

Applicant

Academic degree, first Name, last name, academic degree

Phone

@student.i-med.ac.at

Email (MUI student email only)

Students have to hand in this form personally at the Department for Teaching and Study Matters at Speckbacherstraße 31-33, 6020 Innsbruck!

Application for curriculum transfer

The applicant hereby requests a transfer to the new curriculum, entering into force in winter semester 2018/19.

Place/Date

Signature of the applicant

Attachment: Study sheets (Studienblatt)

Von der Abteilung für Lehre und Studienangelegenheiten auszufüllen:

Kontrolle Studienplanversion

Datum: _____

Änderung im i-med.inside vorgenommen

ReferentIn: _____

MEDIZINISCHE UNIVERSITÄT INNSBRUCK
ABTEILUNG FÜR LEHRE UND STUDIENANGELEGENHEITEN

Speckbacherstraße 31-33, A-6020 Innsbruck
E-mail: PhD-studien@i-med.ac.at – Internet: <http://www.i-med.ac.at>