

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

To the attention of Study Management:

Barbara Mayr

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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 TIROL's Plagiarism Guideline.

1) Title) Title of the submitted doctoral thesis:		
Form o	f the doctoral thesis: o Monograph o cumulative doctor	ral thesis	
☐ Mar ☐ Spo	agement and Econom	Science Health Technology Assessment Public Health nics in Healthcare Psychology Technical Sciences ourism and Leisure Sciences Health Information Systems	
Stu	dent Number		
Sui	rname		
Fire	st name		
Tel	ephone Number		
Add	dress		
Pos	stal Code/City		
Na	tionality		
<u> </u>			

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

(Please tick the appropriate box.)

- o 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:

Verfasser: Promotionsausschuss Dr.phil.; Kriterium 05: Programme, Beurteilung Studierende (05.J.9 Antrag – Eröffnung Promotionsverfahrens_EN); Freigegeben: 16.12.2015 (Beschluss-Promotionsausschuss); Revisionsstand: 10 Seite 1 von 5



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

4)	Information	on the	mandatory	publication
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(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.:

5)	For	admission	to	the	doctoral	examination	procedure,	the	following	documents	must	be
	atta	ched:										

 Print version <u>as well</u> 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).

Additionally in electronic form, but <u>not enclosed</u> (shall be submitted electronically, not in print):

- o If already available: statement on the doctoral thesis (written by the supervisor of the doctoral thesis)
- o Proof and results of a plagiarism test by means of an anti-plagiarism software (e.g.: Turnitin)
- o Short curriculum vitae
- o 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
- Only in case of <u>cumulative doctoral theses</u>: full correspondence with the journals as well as their referees
- Only in case of <u>cumulative doctoral theses</u>: if already available: AGFE (Senate Commission for Research Evaluation) vote or confirmation of submission to AGFE (see https://moodle.umit.at/course/view.php?id=337)

6) Information on the supervisor:

Title	
Surname	
First name	

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7) Proposals for thesis reviewers:

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

- 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

The Doctoral A		ommittee reserves the righ	t to appoint othe	r competent reviewers.	
	I reviewe	er (member of UMIT TIRC	L)		
Title					
Surname					
First name		_			
	I reviewe	er (member of UMIT TIRC	PL)		
Title					
Surname					
First name					
Proposal 3: externa	al review	ər			
Title		_			
Surname					
First name					
University/Colleg	ge				
Habilitation in					
Website with cordetails *	ntact				
E-Mail address *					
* Mandatory for nor	n-members	of UMIT TIROL			
Proposal 4: externa	al review	er .			
Title					
		-			

Ρ

Title	
Surname	
First name	
University/College	

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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 *	

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:

- o YES
- o NO

Verfasser: Promotionsausschuss Dr.phil.; Kriterium 05: Programme, Beurteilung Studierende (05.J.9 Antrag -Eröffnung Promotionsverfahrens_EN); Freigegeben: 16.12.2015 (Beschluss-Promotionsausschuss);

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^{*} Mandatory for non-members of UMIT TIROL



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

- o YES
- o NO

Place/Date	Name Applicant
	Signature Applicant
Place/Date	Name Supervisor
	Signature Supervisor