

# **THESIS PROPOSAL**

for the Doctoral Program at the  
Medical University of Vienna

In case of problems handling and editing this pdf.-form please simply copy the headlines and use e.g. Winword application for editing!

PLEASE CARRY OUT THE THESIS PROPOSAL AS ACCURATELY AND EXTENSIVELY AS POSSIBLE. DO NOT USE ABBREVIATIONS RESP. PLEASE EXPLAIN THEM. PLEASE DESCRIBE THE USED METHODS AND TECHNIQUES AS ACCURATELY AND EXTENSIVELY AS POSSIBLE.

# THESIS PROPOSAL

for the Doctoral Program at the  
Medical University of Vienna

## Working title (without abbreviations)

acad. degree, first name, last name  
(field of graduate study)  
E-mail:

Location: Institute and address where thesis will be performed

Supervisor: Name and address of supervisor

Supported by: Name and address of granting institution, project, etc.

Date:  
month, year

Signature of the applicant

## Summary and aim

# Background

## **Operational objectives:**

**1<sup>st</sup> year**

## **Operational objectives:**

**2<sup>nd</sup> year**

## **Operational objectives:**

**3<sup>rd</sup> year**

# Working plan

**1<sup>st</sup> year**

Months 1-6

# Working plan

**1<sup>st</sup> year**

Months 7-12

# Working plan

**2<sup>nd</sup> year**

Months 13-18

# Working plan

**2<sup>nd</sup> year**

Months 19-24

# Working plan

**3<sup>rd</sup> year**

Months 25-30

# Working plan

**3<sup>rd</sup> year**

Months 31-36

## References

# Timelines

	1 <sup>st</sup> year		2 <sup>nd</sup> year		3 <sup>rd</sup> year	
	Months 1-6	Months 7-12	Months 13-18	Months 19-24	Months 25-30	Months 31-36