Eingangsvermerk der Universität				
Eingangsdatum:				
Antragsnummer:				
Postbuchnummer:				



Application for admission to a doctoral programme

Nationality		Registration number		Date of birth	
Name		Surname			Acad. degree
Street				House number	Floor Door number
Gender		Postcode	City		
Telephone number		E-Mail addr	ress		
Specifications al	oout th	ne intended	programmo	e at the Univers	ity of Graz
I apply for admis	sion to	the doctoral	programme		
Department:					
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Completed study	with w	hich you wou	ıld like to ap	ply:	
Other Studies or	Course	Credits:			
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inclosures with	the ap	<u>piication</u>			
Proof of comple	ted pro	gramme (dip	_		
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I certify that the information I have given is true and complete and I am making the data available to the University of Graz for internal processing. I am aware that false information will result in revocation of admission and enrollment and that the submission of forged documents will also have criminal consequences. Should the University of Graz require personal data from other authorities as part of the processing procedure, I give my consent that these may be passed on to the University of Graz by the respective authority. I confirm that the application is being submitted by me or by a person who is authorized to professionally represent a party in Austria within the meaning of Section 60 (6) UG. Applications handed in not by myself or a person who is authorized to professionally represent a party in Austria will be rejected. We process your data for as long as this is necessary due to the legal obligation. In addition, we only store your data if there are statutory retention periods or statutes of limitations regarding potential legal claims are open Date Signature