



Application for Conferral of a Doctorate at the Graduate School of Life Sciences

Last Name

(All) First Name(s)

Date and Place of Birth

Private Address

Private E-mail

Telephone Number

To the Dean of the Graduate School of Life Sciences, University of Würzburg

I hereby apply for conferral of the doctorate at the Graduate School of Life Sciences

Date, Place

Signature

Matriculation Number:

Start date of project:

GSLs admission date:

Interruption from

to

GSLs admission valid until:

Desired title:

Dr. rer. nat.

 PhD

The work was carried out at the following Institute / *Lehrstuhl*:

Program section (please check):

- | | | |
|--|---|---|
| <input type="checkbox"/> Biomedicine | <input type="checkbox"/> Infection and Immunity | <input type="checkbox"/> Neuroscience |
| <input type="checkbox"/> Integrative Biology | <input type="checkbox"/> Clinical Sciences | <input type="checkbox"/> MD/PhD Program |

Thesis title in both German and English language:



1.

Name of Primary Supervisor

Working Address

E-mail

Telephone Number

2.

Name of Supervisor (Second)

Working Address

E-mail

Telephone Number

3.

Name of Supervisor (Third)

Working Address

E-mail

Telephone Number

4. (if applicable)

Name of Supervisor (Fourth)

Working Address

E-mail

Telephone Number

5. (if applicable)

Name of Supervisor (Fifth)

Working Address

E-mail

Telephone Number
