

Please note: This translation is provided for information purposes only. In the event of any discrepancies between the translation and the original German version, the latter shall take precedence.

Surname:	
First name:	
Gender:	<input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> non-binary
Date of birth:	
Place of birth:	
Nationality:	
Tel.:	
Email:	
Address:	
Postcode, Town/City:	
Student registration number:	

Application for entry into the register of doctoral candidates

To the Dean of the Faculty:

Dear Sir/Madam,

I am writing to request recognition of the following academic qualification,

_____ (e.g. Master's degree)

which I was awarded by the following university _____ (Institution, Country)

on _____, in order to meet the admission requirements to pursue doctoral studies in the (Date)

following area: _____.

I intend to earn the following doctoral degree qualification

- Dr. med.
- Dr. med. dent.
- Dr. rer. med. or PhD (Note: for a PhD, the thesis and the oral defence are in English)
- Dr. rer. nat. or PhD (Note: for a PhD, the thesis and the oral defence are in English)
- MD/PhD

by fulfilling the requirements set out in the doctoral degree regulations of the Faculty of Medicine.

I am therefore requesting that my name be formally entered into the faculty's register of doctoral candidates.

I wish to write my doctoral thesis in English: Yes / No

Declaration pursuant to Section 7(1)(3) of the doctoral degree regulations

I hereby declare that I have not previously submitted a doctoral thesis for assessment and examination.

_____, _____
Place, Date

Signature