



UNIVERSITÄT ZU LÜBECK

Application form for registration as a doctoral student

Technology and Sciences

Medicine

winter term 20____ / summer term 20____

The application can only be approved if the supervisor is a member of the faculty of the University of Luebeck

Family name, first name: _____

Birth date / -place: _____

Address: _____

Registration number: _____

Supervisor at the University of Luebeck:

(Place and Date)

Signature (applicant)

I hereby certify that the above mentioned applicant is producing a dissertation at the University of Luebeck under my supervision.

(Place and Date)

Signature and stamp
(supervisor)