



TECHNISCHE
UNIVERSITÄT
DARMSTADT

To the Departmental Chairperson
of the Department of Chemistry
attn Mrs. Dimitrov
Technical University of Darmstadt
Peter-Grünberg-Str. 4
64287 Darmstadt

***Application for doctoral
examination***

First & last name,

Address

Postcode, residence

E-Mail (TU)

E-Mail (private)

Phone (mobil, on
business)

Matriculation number

-if present-

With the submission of my doctoral thesis and the required documents, I request admission to the doctoral examination.

Topic of the doctoral thesis:.....

.....

Supervisor:



Suggestion and declaration of consent for the doctoral examination committee for my doctoral examination

Date and time of the doctoral examination:

1. Supervisor	Signature	Department/Institute/Subject Area	Date
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2. Supervisor	Signature	Department/Institute/Subject Area	Date
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1. Subject Examiner	Signature	Department/Institute/Subject Area	Date
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2. Subject Examiner	Signature	Department/Institute/Subject Area	Date
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Chair (only for non-regular dates)	Signature	Department/Institute/Subject Area	Date
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Sincerely,

(date and signature)