

APPLICATION FOR TERMINATION OF THE DOCTORAL PROCEDURE

Hereby I,

(Last Name, First Name)

born on _____ in _____
(Date of Birth) (Place of Birth, Country of Birth)

residing in

(Street, Number)

(Postal Code, City)

request the termination of my doctoral procedure under the working title

under the supervision of

(Name(s) of Supervisor(s))

(Name(s) of the Institute(s))

in accordance with the letter of admission dated _____
(Date of Admission)

(Date)

(Signature of Applicant)