



To the Dean of the Faculty of Chemistry and Pharmacy Am Hubland 97074 Würzburg

first name / last name street/number postal code / place of residence e-mail address phone/mobile (optional) registration number:

place, date (dd MONTH yyyy)

## **Application**

| Dear Dean,  |
|---|
| I hereby request admission relating to a doctoral procedure at the Faculty of Chemistry and Pharmacy. |
| Title of my doctoral dissertation (thesis):   |
| "······   |
|   |
|   |
| which was completed under the supervision of:   |
|   |
| I give my consent to receive information about any decisions relating to my doctoral                  |
| procedure by electronic means to the above mentioned e-mail address.                                  |
| I will immediately notify the Dean's Office of any changes to my personal data.                       |
| Regards,  |
|   |
| original signature (first name / last name)   |