

To
The Dean of the Faculty for Chemistry and Pharmacy at the LMU
PhD Office, House F, Room F2.060
Butenandtstr. 5-13
81377 Munich

External PhD candidate in Biochemistry

Candidate:

Ms. / Mr. *)
(Complete name, including your maiden name, if applicable, as in your passport)

The provisional title of my dissertation is:
.....
.....

and it has started / will start *) on (date) in the field of :

- | | |
|---|--|
| <input type="checkbox"/> Inorganic Chemistry | <input type="checkbox"/> Pharmaceutical Biology |
| <input type="checkbox"/> Didactics of the Chemistry | <input type="checkbox"/> Pharmaceutical Chemistry |
| <input type="checkbox"/> Biochemistry | <input type="checkbox"/> Pharmaceutical Technology |
| <input type="checkbox"/> Organic Chemistry | <input type="checkbox"/> Physical Chemistry |
| <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Theoretical Chemistry |
| <input type="checkbox"/> Clinical Pharmacy | |

(according to Section 1 of the Doctoral Regulations of 28/11/2011)

I will complete my thesis at (full address of the external faculty, university, institute or enterprise):
.....
.....

and my supervisor there will be (Title, complete name)
his / her *) telephone No E-Mail:

According to Section 7, Paragraph 1 of the Doctoral Regulations of 28/11/2011, I propose Ms. / Mr. *)
..... as my Fachvertretung (internal supervisor)

I have already obtained his / her *) approval (see below). *(Please note the agreements valid from 18/07/2001 at the Department of Biochemistry about the regulation on the participation in teaching at the LMU)*

....., Date

Signature of the candidate

....., Date

Signature of the external supervisor:

(please print).....

I hereby declare my consent to represent the
the above-mentioned candidate according to Section 7 Paragraph 1
of the Doctoral Regulations of 28/11/2011 before the Faculty.

....., Date

Signature of Fachvertretung (internal supervisor):

(please print)

*) Delete as appropriate



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MAXIMILIANS-
UNIVERSITÄT
MÜNCHEN

Fakultät für Chemie und Pharmazie



This page must be signed by the PhD candidate:

I, Mrs. / Mr. *)
(Complete name, maiden name, if applicable, as in your passport)

Date of birth Place of birth (city, country)

Address in Germany:

Postal Code City

hereby declare that:

- I have already tried to submit my thesis elsewhere
 - yes
 - no
 if yes,
 - successfully
 - unsuccessfully
- I have already tried elsewhere to take my oral PhD-examination
 - yes
 - no
 if yes,
 - successfully
 - unsuccessfully
- I have no entries in my certificate of good conduct.

Munich,
(Date)

.....
(Signature of the PhD candidate)

*) Delete as appropriate

Postanschrift: Butenandtstr. 5–13 (Haus F), Raum F2.060 D-81377 München	Tel.: (089) 2180-77001 Fax: (089) 2180-77047 E-mail: Promotion@cup.uni-muenchen.de	U-Bahn-Haltestelle: U6 Großhadern Bus-Haltestelle: Wadhüterstr. 266 / 268
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