



Application for Conferral of a Doctorate at the Graduate School Science and Technology

Last Name	First Name	Date and Place of Birth	
Private Address	E-mail	Telephone Number	
To the Dean of the Graduate School	of Science and Technology, Univ	ersity of Würzburg	
I hereby apply for conferral of the	doctorate at the Graduate Scho	ool of Science and	
Technology			
Date, Place	Signa	Signature	
Matrikelnummer :			
Registered GSST doctoral researche	er: from to		
Start date of the project:	Interruption from	to	
The work was carried out at the follo	wing Institute / Lehrstuhl:		
Program section (please check):			
☐ Molecular & Materials Sciences	☐ Theoretical & F	☐ Theoretical & Fundamental Sciences	
☐ Computing Sciences & Systems I	Engineering	es	
Science Education			
Thesis title in both German and Engl	ish:		



Telephone

1.
Name of Primary Supervisor
Working address
E-mail
Telephone
2.
Name of Supervisor (Second)
Working address
E-mail
Telephone
3.
Name of Supervisor (Third)
Working address
E-mail
Telephone
4. (if applicable)
Name of Additional Supervisor
Working address
E-mail