



Please fill in on the computer!

Name, First name:

Academic degree held when filing the application:

Priv. address:

E-mail (office):

E-mail (private):

Tel. (office):

Name of Institute:

Promotionsbüro der Leibniz-Forschungsschule für Optik und Photonik Leibniz Universität Hannover Welfengarten 1A 30167 Hannover

Date

Application for Admission as Doctoral Researcher (Dr. rer. nat.)

Dear Vice-Dean,

I hereby request admission as doctoral researcher for the degree of Dr. rer. nat., according to § 4 of the Joint Doctoral Degree Regulations for Doctoral Researchers of Natural Sciences (Dr. rer. nat.) at Gottfried Wilhelm Leibniz Universität Hannover.

My working title is:

and belongs to the subject area of

(as per Attachment to the Doctoral Degree Regulations, Sec. 2).

I currently participate in the following collaborative research centres/graduate programme:

My doctoral thesis shall be supervised by

and, if applicable, by the following co-supervisors, as per § 5 Sec. 4 Doctoral Degree Regulations:

have attached the documents listed in the Doctoral Degree Regulations of 2017-04-26.

Yours sincerely,

Ort, Datum und Unterschrift

Declaration on further Doctoral Procedures

as per § 4 Sec. 3 S. 2 e) Doctoral Degree Regulations

hereby declare that

neither in the past nor simultaneously have I applied for a doctoral procedure at another university or faculty.

already at an earlier point in time I have registered for a doctoral procedure at another university or faculty.

Name of the University/Faculty and Complete Address:

(Attach notification of withdrawal from doctoral programme.)

Place, date, signature

First name, surname (in printed letters)

Specifications for the Statistics of Doctorates

*First name, Name:

Birth name (if different):

*Nationality:

*Employment Relationship with LUH:	yes
	no
* Cooperation with Research Institution:	yes
	no
* Cooperation with Business Sector:	yes
	no

* Participation in a national or international research training group?

	yes	
	no	
If yes, which one? Pleas	e indicate exact designation!	
Period from	to	
*Participation in a national or international collaborative research centre?		
	yes	
	no	
If yes, which one?	Exact designation required	
Period from	to	

Please complete as accurely as possible! If applicable, contact your supervisor if you are uncertain. Thank you.