

Name
Address
Telephone
E-Mail

Dean of the Department of
Prof. Dr.
Universität der Bundeswehr München
Werner-Heisenberg-Weg 39
85577 Neubiberg

through: Examination Office UniBwM

Place, Date

Entry into the Doctorate List of the Department of

Dear Professor,

I would like to apply for inclusion in the doctoral list of the Department of.....

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

I would like to obtain the academic degree of doctor of(Dr.-Ing. / Dr. rer. pol. /
Dr. rer. nat. / Dr. phil. /Dr. jur.).

The thesis is supervised by Prof. Dr. at the Institut of
of the Department of

With kind regards
(Signature)

(Signature of the supervisor)

Enclosures
Highschool certificate (certified copy)
Bachelor's an Master's certificate (certified copy)
Bachelor's an Master's degree certificate (certified copy)
Personal Information Form