Legal note: This English translation is for your information only. The legal basis is the original German text.

UNIVERSITÄT LEIPZIG

Faculty of Life Sciences

Admission as doctoral student at the Faculty of Life Sciences

Family name:	Name:
Date of birth:	Nationality:
Home address:	E-Mail:
Field of study: Cu	ırrent academic degree:
desired academic degree (underline pleas Field of the dissertation (underline please): Biochemistry / Biology / Didaction	cs of Biology / Pharmacy / Psychology
Supervisor at the faculty:	
	Institution:
only in the case of cooperative dissertation: Nan	me of the university of applied sciences: he university of applied sciences:
	according to the preamble of the doctoral regulations upervision agreement with the doctoral candidate.
Date, signature of supervisor at the faculty	Date, signature of external supervisor (or supervisor at the university of applied sciences)

I accept the doctoral regulations of the Faculty of Life Sciences, Pharmacy and Psychology dated 29.04.2015. I have been instructed about the statutes of the

	Entry in the doctoral list:	
Date, Signature Doctoral Student		Date
Council of Deans	Stamp of the faculty	

University of Leipzig to ensure good scientific practice of 17.04.2015.