



Universität Regensburg

Faculty _____

Chair _____

**Confirmation of doctoral study for submission to
the Registrar's Office (Studierendenkanzlei)**

In the philosophical faculties and the faculty of theology, instead of this certificate, a letter of acceptance from the faculty is required!

Name _____

Date of birth _____ Matriculation number _____
(if available)

Doctoral field: _____

Dissertation topic: _____

Language the dissertation will be written in _____

Estimated time for completion: _____

Structured doctoral program yes no
(graduate school / research training group)

Regensburg, _____
Date

Signature and name of thesis supervisor

Regensburg, _____
Date

Signature of dean or faculty administration