WINTER TERM 20.... / ☐ SUMMER TERM 20.... **Supervisor's Confirmation of the Doctoral Dissertation** This admission period is for a maximum of 2 semesters Final admission depends on the confirmation of the doctorate board Admission on the confirmation of the doctorate board **Matriculation No** (If you were/have been registered at the University of Bremen) **Personal Details** Surname: First name: Female Male Name of birth: (if differs from last Name) Place of Birth: Date of birth: Nationality: Street and House No.: Additional details: Postcode: Phone numbers: E-Mail: **Doctorate Details** Department Course of studies: **Doctoral Degree** (Dr. Ing. / Dr. rer.nat.) Subject of the dissertation:

Supervisor:

Registration form for Doctorate Applicants

Course of studies in Germany and Europe

Beginning of academic studies	End of academic studies	Number of semesters	Name and place of the university / academy	Course of studies (subject)	
Total number	of semesters				
Degrees obtained (Diploma, master,					
Course of studies / subject:					
Country:					
Name of university:					
Date of degrees obtained:				D D M M Y Y Y Y	
<u>Statement</u>					
1.	 This is to confirm that the information given in this application is true, complete and accurate to the best of my knowledge. 				
2.	2. I am fully aware that any false information given intentionally or negligently may lead to the exclusion from admission any time				
	Signature (first na	ame and last name)	Plac	ce / Date	
Checklist for the document's to be submitted:					
□ Confi	infirmation of the doctorate board <u>or</u>				
-	ervisor's confirmation of your doctorate (including the topicet the thesis) al confirmation must be handed in within in a year				
Priva	ertificate of health insurance of a German compulsory (state) insurance rivate insured students under 30 need an exemption issued by a german compulsory insurance rivate insured students over 30 only need to submit a copy of their private insurance certificate				