Universität Bremen

Registration form for Doctorate Applicants

Winter term 20 ___ / 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**

A declaration of acceptance is usually valid for a limited period of time. The duration of validity is specified in the respective doctoral regulations.

Matriculation No.: _____

If you are or were already enrolled at the University of Bremen, you will keep your matriculation number.
New doctoral students automatically receive a matriculation number when they enrol.

Personal Details

Surname: _____

First name: _____

Name of birth: _____   Female ☐   Male ☐

Date of birth: _____   Place of birth: _____

Nationality: _____

Street / House No.: _____

Additional details (c/o): _____

Postcode: _____   City: _____

Phone: _____

Private e-mail address: _____

Primary Residence

(according to civil register) – if different from above

Street / House No.: _____

Postcode: _____   City: _____

Doctoral Details

Department: _____

Course of Studies: _____

Doctoral Degree: _____

Supervisor: _____

Type of higher education entrance qualification

_____

County -
if acquired abroad, state _____

Date of acquisition
/ Grade _____ / _____

Course of studies in Germany and Europe

Beginning / End of academic studies		Number of semesters	Name and place of the university / academy	Course of studies (subject)
1.				
2.				
3.				
4.				
Total number of semesters				

Degrees obtained:
(e.g. Diploma, Master, other degrees) _____

University / Academy: _____

Course of studies: _____

Date of degree(s) obtained: _____ Grade: _____

Statement

1. This is to confirm that the information given in this application is true, complete and accurate to the best of my knowledge

2. I am fully aware that any false information given intentionally or negligently may lead to the exclusion from admission any time

_____

Place / Date   Signature