

Applicant`s address

Date

To the
Doctoral Affairs Committee (Dr. med./Dr. med. dent.)
Office of Doctoral Affairs / Promotionsbüro Medizin
S-Nachwuchs
Schlossplatz 4
91054 Erlangen

**Completion of the doctorate procedure
(*Dr. med. or Dr. med. dent.*)**

First- and Last Name of the doctoral candidate

I have been admitted to the doctorate procedure before November 6, 2020

I hereby declare that I want to complete my doctorate procedure according to the faculty doctoral regulations issued on January 21, 2013, version November 30, 2016 (old regulations)

place, date

signature of the doctoral candidate