**THESIS ASSESSMENT**

**DOCT 03**

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| **Family name(s) / Academic degree(s)**      | **Registration number** | **For Dean’s Office use** **(notice of receipt)** |
| **Given name(s)**      | **Programme** Doctoral programme**Programme number**B 796 200 101 |
| **E-Mail address** | **Phone number**      |

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| **Title of the thesis:** |       |
| **Period of assessment:**(4 months beginning with the date of uploading the thesis) |  |

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| **Enclosures:**  | [ ]  Form **DOCT 02** (APPLICATION FOR THESIS ASSESSMENT)[ ]  Abstract (4 copies to be added separately, max. 2.000 characters – incl. space characters) |