**THESIS ASSESSMENT**

**DOCT 03**

|  |  |  |
| --- | --- | --- |
| **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** |

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

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