



UNIVERSITÄT ZU LÜBECK

Universität zu Lübeck
Studierenden-Service-Center,
Ratzeburger Allee 160, 23562 Lübeck

Application for registration as a DOCTORAL STUDENT

MINT ☐ Medicine ☐
at the University of Lübeck

For winter semester _____/ summer semester _____

(The application can only be approved if the supervisor is a member of the faculty of the University of Lübeck.)

Surname, First name:

Date and place of birth:

Address: _____

Email adress: _____ (if applicable)
Matriculation number _____

Supervisor at the UL:

Subject of dissertation at the UL:

In a doctoral studies programme: yes ☐ no ☐

Employed by the university: yes ☐ since: _____ no ☐

(Place and date)

(Signature of applicant)

I hereby certify that the above-mentioned applicant is producing a dissertation at the University of Lübeck under my supervision.

(Place and date)

(Signature and stamp of supervisor)

IMPORTANT. Stamp of institute or Clinic!

(unstamped applications will not be accepted)

NB: Payment of the enrolment fee is mandatory for new enrolments, payment of the semester fee is optional since WS 19/20, i.e. doctoral students only can choose whether to pay the semester fee in order to use the SH-Ticket and Lübeck public transport services.

If not, the semester fee does not have to be paid. In this case, students will not receive a student ID card but will have access to a certificate of enrolment.