



Application for registration as a DOCTORAL STUDENT
MINT Medicine
at Universität zu Lübeck

For winter semester _____ / summer semester _____

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

Surname, First Name: _____

Date and Place of Birth: _____

Address: _____

Email Address: _____ Matriculation Number (if applicable): _____

Supervisor at UL: _____

Subject of Dissertation at UL: _____

Doctoral Degree sought: _____

In a Doctoral Studies Programme: yes no

(Place and Date)

(Signature of Applicant)

I hereby certify that the above-mentioned applicant is producing a dissertation at Universität zu 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 Deutschland-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.***