**Request for termination of doctoral studies**

**Doktorand**

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| Name  Surname  Title  Date of commencement of studies  E-mail @  Mobile Phone number **+     –**  Form of study  Address for sending "Notice of termination of studies by leaving“: | Study programme    Supervisor  Specialist supervisor    Topic of Doctoral thesis |

**Reason for Request**

I hereby confirm that I have no outstanding obligations to the school.

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| *date* | …………………………………  *Signature of the doctoral student* |