**Request for termination of doctoral studies**

**Doktorand**

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| Name Surname TitleDate 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* |