

ZENTRALE UNIVERSITÄTS-VERWALTUNG - S2 STUDIERENDEN-**SEKRETARIAT**

18051 Rostock – Phone +49 (0) 381 498 1230 Address: Parkstraße 6, 18057 Rostock Opening hours: Tuesday

Thursday Friday

2 – 5 pm 10 – 12 am and 2 – 4 pm 10 – 12 am

<u>Application for Change of Study Programme into Doctoral Studies</u>

(Only for students who are at the time of application enrolled at the University of Rostock!)

at winter semester 20...../..... at summer semester 20.....

Matriculation number:							
Family name:			name:				
Date of birth:							
Semester address:	Street and house number:						
	Post code:	City:					
Information regarding	g requested doctoral subject:						
Information regarding	g the last study programme:						
Study programme:			e:				
Marks:		Date	Date of final examination:				
Type of dissertation:	Monography \Box	Cumulative dissertation					
Participation in a stru	uctured doctoral programme:	Yes		No			
Commencement of doctorate (dd.mm.yyyy):						······	
Employment at the University of Rostock:		Yes		No			
To the application you have submit as following:			- Copy of the degree certificate - Acknowledgement of the doctoral supervisor				
IBAN: DE59 1	semester fee (if not done) to the bank a 304 0000 0107 3733 00 DEFFXXX	account of	the Univers	ity of Rostock:			
Date:	Signature:						
Comments:	Date:		Signatu	re:			