



## Application to remain on the doctoral list for an extended period of time

Name, First Name: \_\_\_\_\_

Date of birth/ Place of birth (country): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Private address: \_\_\_\_\_

Date of admission to the doctoral list: \_\_\_\_\_

Number of renewal applications already submitted in the past: \_\_\_\_\_

Requested duration for extension (6 or 12 months): \_\_\_\_\_

Rationale for the motion:

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Date / Signature Doctoral student

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Date / Name (in block capitals) and signature Supervisor:in

Extension granted until:

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Date of approval / signature Dekanatsrat