



UNIVERSITÄT  
LEIPZIG

Faculty for  
Chemistry and  
Mineralogy

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

Surname, first name: \_\_\_\_\_

Date/place of birth: \_\_\_\_\_

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

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

Date of admission in the list of doctoral candidates: \_\_\_\_\_

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

Duration requested for the extension (6 or 12 months): \_\_\_\_\_

Justification for the request:

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Date / Signature of doctoral candidate

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Date / Name (block capitals) and signature of supervisor

Extension granted until:

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Date of authorisation / signature of the deanery council