



LUDWIG-
MAXIMILIANS-
UNIVERSITÄT
MÜNCHEN

Dean's Office
Medical Faculty



Cumulative Dissertation

Confirmation pursuant to § 4a Paras. 3 and 5 Doctoral Degree Regulations for Dr. med., Dr. med. dent. and Dr. rer. boil. hum.
and
pursuant to § 7 Para. 4 Doctoral Degree Regulations for Dr. rer. nat. at the Medical Faculty
Please note: for each published article, a separate "Cumulative Dissertation" form has to be submitted!

Name of doctoral candidate

Title of publication

Journal (Name, issue, year, etc.)

I hereby confirm that none of the articles submitted for this doctoral degree have been the subject of another (current or completed) dissertation.

Signature of doctoral candidate

By signing, the following **co-authors** confirm that:

- the extent of their contributions (content-related and volume) in the publications submitted,
- their agreement to the submission of the publications, and
- the article in question is not the subject of another (current or completed) dissertation.

Name of co-author	Extent of contribution (content-related and volume)	Signature of co-author
1. _____	_____ _____ _____	_____
2. _____	_____ _____ _____	_____
3. _____	_____ _____ _____	_____
4. _____	_____ _____ _____	_____
5. _____	_____ _____ _____	_____

Please list further authors on a separate page