



LUDWIG-
MAXIMILIANS-
UNIVERSITÄT
MÜNCHEN

Dean's Office
Medical Faculty



Affidavit

Surname, first name

Street

Zip code, town

Country

I hereby declare, that the submitted thesis entitled

is my own work. I have only used the sources indicated and have not made unauthorised use of services of a third party. Where the work of others has been quoted or reproduced, the source is always given.

I further declare that the dissertation presented here has not been submitted in the same or similar form to any other institution for the purpose of obtaining an academic degree.

Place, date

Signature doctoral candidate



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Cumulative Dissertation

Confirmation pursuant to §17 of the Ph.D. Medical Research Regulations

Please note: for each published article, a separate "Cumulative Dissertation" form has to be submitted!

Name of doctoral candidate

Title of dissertation

Title article

Journal (Name, issue, year, etc.)

I hereby confirm that the extent of my contribution (content-related and volume) in the publication submitted is stated truthfully.

Signature doctoral candidate

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

- the extent of their contributions (content-related and volume) in the publications submitted, and
- their agreement to the submission of the publications.

Name of co-author	Extent of contribution (content-related and volume)	Signature of co-author
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Please list further authors on a separate page



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Form for externally conducted thesis

I hereby declare, that I have **never** been enrolled at the LMU Munich.

For documentation (e.g. verified study periods for entitlement to a pension), the Dept. III.8 of the LMU Munich asks for the following information:

Name, First name

Date of birth

Address

Place, Date

Signature doctoral candidate



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Form for the "Münchener Universitätsgesellschaft"

Dear Sir / Madam,

The Münchener Universitätsgesellschaft e.V. would like to win further friends and sponsors for the Ludwig-Maximilians-Universität München. In order to support this, the Doctoral Committee plans to forward your address to the Münchener Universitätsgesellschaft upon successful completion of your doctoral degree.

Sincerely,

signed
Doctoral Committee

Declaration

I agree to have my address forwarded to the Münchener Universitätsgesellschaft.

yes

no

Name, first name

Address

Email address

Place, date

Signature doctoral candidate



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Application for Admission to the Ph.D. Examination

1. I hereby apply for admission to the final examination for the Ph.D. "Medical Research"

Name _____ Maiden name _____ First name(s) *please underline name used*

Place of birth _____ Date of birth _____ Nationality _____

Address _____

Telephone number _____ Email address _____

Matriculation number _____ Specialisation (i.e. "International Health" or "Oral Sciences", etc.) _____

2. The title of my dissertation is:

Institute(s) where dissertation was carried out _____

3. Dissertation

The submitted dissertation has not been published to date

The submitted dissertation or parts thereof have been published in:

Journal title(s) _____

Journal title(s) _____

4. The following documents are attached to this application:

- Dissertation (2x) printed and bound
- Dissertation (1x) in PDF-format
- Curriculum vitae (*must be included in bound version of dissertation*)
- Affidavit (*must be included in bound version of dissertation*)
- Declaration that bound and electronic versions of the dissertation are in accordance with one another (*must be included in bound version of dissertation*)
- List of all scientific publications to date (*must be included in bound version of dissertation*)
- Declaration of all authors in case of cumulative dissertation
- Current proof of enrolment
- Doctoral supervision agreement(s) and target agreement
- Supervisor declaration for admission to oral defence
- iTenticate report
- Confirmation that all required ECTS have been achieved (transcript of records from your campus portal account)

I am aware that I will be denied admittance to the PhD examination if the documents are incomplete or I have given incorrect particulars. I have been informed that I will only be entitled to bear the title "Ph.D." once I have received my Doctor's Certificate.

Place, Date

Signature doctoral candidate

Supervisor Declaration for Admission to the Oral Defense

I hereby confirm that the candidate:

Name *First name(s) please underline name used*

fulfilled all necessary requirements to be admitted to the doctoral examination.

Title First name Name

Place, Date Signature supervisor

Not to be filled out by applicant!

Eingang Promotionsantrag:

- Dissertation (2x) printed and bound
- Dissertation (1x) in PDF-format
- Curriculum vitae (*must be included in bound version of dissertation*)
- Affidavit (*must be included in bound version of dissertation*)
- Declaration that bound and electronic versions of the dissertation are in accordance with one another (*must be included in bound version of dissertation*)
- List of all scientific publications to date (*must be included in bound version of dissertation*)
- Declaration of all authors in case of cumulative dissertation
- Current proof of enrolment
- Doctoral supervision agreement(s) and target agreement
- Confirmation that all required ECTS have been achieved (transcript of records from campus portal account)
- iThenticate report
- Supervisor declaration for admission to oral defence

Prüfungskommission	bestimmt am	erhalten am	zurück am	Benotung
Betreuer				
Gutachter				
1. Mitglied				
2. Mitglied				
(3. Mitglied)				
(4. Mitglied)				
Vorsitzender Promotionsausschuss				
Stellvertretender Vorsitzender				
Beisitz 1				
Beisitz 2				
Beisitz 3				
Beisitz 4				
Beisitz 5				

Durch den Promotionsausschuss am: _____

festgesetzte Benotung: _____

Mündliche Prüfung am: _____

Ergebnis der mündlichen Prüfung: _____

Endnote: _____

Promotionsurkunde ausgefertigt am: _____

Pflichtexemplare abgeliefert am: _____

Promotionsurkunde ausgehändigt am: _____



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Confirmation of congruency between printed and electronic version of the doctoral thesis

Surname, first name

Street

Zip code, town

Country

I hereby declare that the electronic version of the submitted thesis, entitled

is congruent with the printed version both in content and format.

Place, date

Signature doctoral candidate