



LUDWIG-  
MAXIMILIANS-  
UNIVERSITÄT  
MÜNCHEN

Dean's Office  
Medical Faculty



## Application for Admission to the PhD Examination

1. I hereby apply for admission to the final examination for the PhD "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 (5x) 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)
- Confirmation that all required ECTS have been achieved
- Supervisor declaration for admission to oral defence

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.

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Place, Date

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Signature

**Not to be filled out by applicant!**

**Eingang Promotionsantrag:**

- Dissertation (5x) 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*)
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- Declaration of all authors in case of cumulative dissertation
- Current proof of enrolment
- Doctoral supervision agreement(s)
- Confirmation that all required ECTS have been achieved
- 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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## 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 submitted thesis or parts thereof have not been presented as part of an examination degree to any other university.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature doctoral candidate



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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



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## 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*



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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



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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