


Approval of financial support of the doctoral thesis project as part of a (SL / W4)

Diploma degree program Master degree program Doctoral/PhD degree program (please tick as appropriate)

Personal and study Data

Registration number: _____

Family name: _____

First name: _____

Degree program code (according to the student record sheet/"Studienblatt"): **A**

Academic discipline or field of doctoral research (according to the student record sheet/"Studienblatt"): _____

Working title (if there is not enough space, please use a supplementary sheet): _____

Proof of financial feasibility

Monetary and/or non-monetary resources of organizational unit/sub-unit (for the accomplishment of the doctoral thesis) are provided to a sufficient extent: _____

Place of realization (name of the reference unit): _____

Address Street, Street number: _____

ZIP, Postal code: _____

City: _____

Country: _____

Note of the sub-unit (please tick and fill in as appropriate)

Head of the reference unit (family name, first name): _____

 Monetary and/or non-monetary resources are provided: Yes No

Date _____

Stamp _____

Signature of the head of the reference unit _____

Note of the organizational unit (please tick and fill in as appropriate)

Head of the organizational unit (family name, first name): _____

 Monetary and/or non-monetary resources are provided: Yes No acknowledged

Date _____

Stamp _____

Signature of the head of the organizational unit _____