



Universität Regensburg

Faculty \_\_\_\_\_

Chair \_\_\_\_\_

**Confirmation of doctoral study for submission to  
the Registrar's Office (Studierendenkanzlei)**

*In the philosophical faculties and the faculty of theology, instead of this certificate, a letter of acceptance from the faculty is required!*

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Matriculation number \_\_\_\_\_  
(if available)

Doctoral field: \_\_\_\_\_

Dissertation topic: \_\_\_\_\_

\_\_\_\_\_

Language the dissertation will be written in \_\_\_\_\_

Estimated time for completion: \_\_\_\_\_

Structured doctoral program  
(graduate school / research training group)

☐ yes

☐ no

Regensburg,

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and name of thesis supervisor

Regensburg,

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of dean or faculty administration