

Form no. 10

Name: _____

Full address: _____

Email/phone: _____

Goethe University
Faculty of Linguistics, Cultures, and Arts (09)
Doctoral Committee
Campus Westend, SKW Building, postbox 201
60323 Frankfurt am Main

Date:

Application for change of title

I herewith apply for the change of the title of my dissertation.

Doctoral subject: _____

Former title: _____

New title: _____

Approval by the supervisor:

Place and date

Supervisor's signature

Sincerely,

Applicant's signature