
Confirmation of Supervision of Doctorate



TECHNISCHE
UNIVERSITÄT
DARMSTADT

Chair: _____
Address Chair: _____

Technical University of Darmstadt
Department of Law and Economics
Departmental Office
Chairperson of the Doctoral Board
Hochschulstr. 1
D-64289 Darmstadt

Date: _____

Confirmation of Supervision of Doctorate

Dear Sir or Madam,

I hereby confirm to supervise the doctoral project of:

Title: _____

First Name: _____

Name: _____

Date of Birth: _____

Place of Birth: _____

Country of Birth: _____

Working Title: _____

Kind regards

Signature Supervisor