

Termination of doctoral relationship



TECHNISCHE
UNIVERSITÄT
DARMSTADT

Name, First Name: _____
Street, Number: _____
Postcode, City _____
E-Mail: _____
Phone: _____

TU Darmstadt
Department of Law and Economics
Department Management
Chairperson of the Doctoral Board
Hochschulstr. 1
D-64289 Darmstadt

Date: _____

Termination of doctoral relationship

Dear Sir or Madam,

I hereby declare that I revoke the acceptance as a doctoral candidate at the Department of Law and Economics at TU Darmstadt and kindly ask the doctoral board of the Department of Law and Economics to terminate the doctoral relationship.

Signature Candidate