Termination of doctoral relationship

Name, First Name: _____

Street, Number: _____

Postcode, City _____

E-Mail: _____

Phone: _____

Technical University of Darmstadt
Department of Law and Economics
Departmental Office
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 Technical University of Darmstadt and kindly ask the doctoral board of the Department of Law and Economics to approve the termination of my doctoral relationship.

_____

Signature Applicant