

To the Departmental Chairperson of the Department of Mathematics
at the Technical University of Darmstadt



Surname: _____

First name(s): _____

Address: _____

Zip code / city: _____

E-mail (TU): _____

E-mail (private): _____

Date of birth: _____

Place of birth: _____

Matriculation no.: _____
- if available -

Termination of Doctoral Relationship

I, _____, hereby declare that I revoke my acceptance as a doctoral candidate at the Department of Mathematics at Technical University Darmstadt and kindly ask the Doctoral Admissions Board of the Department of Mathematics to terminate the doctoral relationship.

Place, date

applicant's signature