

Form no. 10

Name: _____

Full address: _____

Email/phone: _____

An den Promotionsausschuss
des Fachbereichs 09 - Sprach- und Kulturwissenschaften
Campus Bockenheim, Juridicum, Hauspostfach 145
60325 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