

# Approval of the Examination Committee

Thesis Defence of: .....

Family Name, Given Name

Female  Male  Diverse

Date and Place of Birth: .....

Nationality: .....

Address: .....

E-Mail: .....

Phone: .....

Dissertation Title: .....  
.....  
.....

Dr. rer. nat./Dr. phil./Dr.-Ing.    Dr.rer.nat.    Dr.Phil.    Dr.-Ing.

Cumulative Dissertation  Yes  No  
(only for Geoscientists/Geographers)

Date, Time: .....

Reviewer and Examiner: 1. ....

(Subject Field) .....

2. ....

(Subject Field) .....

Further Subject Fields: 3.....

4.....

Signature of the Dean: .....