

Application for registration of the doctoral thesis (Doctoral Registrations Ph. D. 2025)

Last name: _____

First name: _____

Address: _____

Email: _____

Phone: _____

Matriculation number: _____

Date of birth: _____

Place of birth: _____

Working title of the doctoral thesis: _____

Principal supervisor: _____

Member of the Doctoral Thesis Board: _____

Member of the Doctoral Thesis Board: _____

I attached the following documents:

Certificate of an academic degree

Certificate of enrolment with matriculation number

Agreement on the Supervisory Relationship

Projectoutline between 7.000 – 14.000 characters in length

Letter of recommendation by the principal supervisor

Work plan and time-table for the dissertation

Date

Signature

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Fill out in the Dean's Office:

I hereby consent to the use of my email address to send me information regarding the doctoral program (course announcements, scholarships, deadlines, etc.).

☐ Yes ☐ No

I hereby give my consent for the title of my doctoral dissertation

☐ with my name listed ☐ without my name listed

to be included on the website of the Faculty of Catholic Theology at the University of Münster, where it will be publicly accessible.

I hereby confirm receipt of the following documents (documents are issued at the Dean's Office upon registration):

☐ Manual on Handling of § 8 (3) Abs. 1 Doctoral Regulations Ph. D. 2025 on Length Limits for Dissertations

Date

Signature