



To the director of the departmental administration of the
Department of

Revocation of the application for acceptance as a doctoral candidate

I,

first name

last name

date of birth

place of birth

herewith revoke my application for acceptance as a doctoral candidate dated

in the Department of

at the University of Konstanz.

Place, date

Signature

Signature department

*Information for the department:
please sign the form, file it and send a copy to the Division of Student Affairs and
Teaching SG4, Central Examination Office (ZPA)*