

An:
Graduierenzentrum Weihenstephan
Alte Akademie 8a
85354 Freising

Application External Examiner

Attachment concerning nomination of the examining committee of the
doctoral candidate:

Mrs/Mr

WZW-Supervisor:

Chair:

Details of a Member of the Examining Committee
Professor without TUM-Membership – External Examiner

Mr Ms divers

Name: First name(s):

Academic Title:

Emeritus: no yes, since

Retirement: no yes, since

Department:

Chair:

University/Institution:

Country of the University/Institution:

Office Address:

Institution:

Street, House number:

c/o:

Postal Code:

City:

Country:

Email:

Phone:

I herewith confirm that I am authorized to examine dissertations at my university (analog German „Hochschulprüferverordnung“).

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Location, Date

.....
Signature external Examiner