

## REQUEST TO CANCEL THE DOCTORAL PROJECT

To the  
Dean / Chairperson of the Doctoral Committee  
of the Doctoral Committee of Faculty 03  
of the Justus Liebig University Giessen  
Karl-Gloeckner-Str. 21 E  
35394 Giessen

I request the cancellation of my doctoral project in accordance with § 16 (1) of the Doctoral Degree Regulations dated (please select)

- 22 December 2004
- 14 June 2017
- 17 January 2024.

.....  
Family name

.....  
First name

.....  
Street

.....  
Address

.....  
Mobile phone number

.....  
E-Mail address

Justification:

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.....  
Date

.....  
Signature

I acknowledge and approve the application for cancellation of the doctoral project.

.....  
Date

.....  
*Signature supervisor*