

An den
Dekan
der Fakultät Wissenschaftszentrum Weihenstephan
für Ernährung, Landnutzung und Umwelt
Alte Akademie 8
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

Mrs/Mr

Name: _____ First name(s): _____

Academic Title: _____

Emeritus: no yes, since _____

Retirement: no yes, since _____

Lectureship at an university yes no

Department: _____

Chair: _____

University/Institution: _____

Country of the University/Institution: _____

Office Address

Institution: _____

Street, House number: _____

c/o: _____

Postal Code: _____

City: _____

Country: _____

Email: _____

Phone: _____

If the academic title of the member of the examinig comitee was acquired abroad:

Herewith I confirm, I´m authorised to examine at an university (analog German „Hochschulprüferverordnung“, lectureship).

Location, Date

Signature External Examiner