**Professor**

**Name**

Function

Phone

Fax

E-mail address

Optional line 1

Optional line 2

**Düsseldorf, 08.07.2014**

Heinrich Heine University Düsseldorf  40225 Düsseldorf

Faculty of Mathematics and Natural Sciences

at the Heinrich Heine University Düsseldorf

Dean’s office

-Doctoral Affairs-

Universitätsstr. 1

40225 Düsseldorf

**Heinrich Heine University**

**Düsseldorf**

Universitätsstraße 1

40225 Düsseldorf

Building

Level       Room

www.uni-duesseldorf.de

**Recognition of previous academic study**

Dear Vice-Dean,

I herewith request a comparison of the study achievements of Title First name **Surname** of Country with the study achievements/requirements of the Faculty of Mathematics and Natural Sciences at Heinrich Heine University Düsseldorf.

Enclosed please find corresponding details of academic record.

 wishes to write  dissertation under my supervision in the exact name of institute and department.

I politely request that the documents be checked and the recognition procedure take place for the subject of  in accordance with § 2 (2) of the Doctorate Regulations.

Should you have any questions, please contact Title First name Surname.

Thank you.

Yours sincerely

 Title First name Surname

Düsseldorf, 08.07.2014 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of

dissertation supervisor