

**Form no. 14**

Name: \_\_\_\_\_

Full address: \_\_\_\_\_

Email/phone.: \_\_\_\_\_

Date:

Goethe University  
Faculty of Linguistics, Cultures, and Arts (09)  
Doctoral Committee  
Campus Westend, SKW Building, postbox 201  
60323 Frankfurt am Main

**Application for change of supervisor**

To whom it may concern,

I herewith apply for the change of supervision to \_\_\_\_\_.

Date of admission as a doctoral student: \_\_\_\_\_

Doctoral subject: \_\_\_\_\_

Former supervisor: \_\_\_\_\_

**Approval by the former supervisor:**

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Signature

**Approval by the new supervisor:**

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Signature

Sincerely,

\_\_\_\_\_  
Applicant's signature