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Registration number

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Study Code

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OPPONENTS FOR THE PUBLIC DEFENSE

Last Name, academic degree

First Name(s)

Address

Date of Birth

Nationality

(Mobile) phone number

E-mail address

Suggested opponents:

1)

Name (Institution, if not a member of the University of Salzburg)

2)

Name (Institution, if not a member of the University of Salzburg)

Date

Signature

Name of main-supervisor

Signature of main-supervisor

Approval of the Dean:

Date

Dean
For the vice rector of teaching