

Title of the thesis

Thesis

to obtain the academic degree of

Doctor medicinae

Doctor medicinae dentariae

Doctor rerum medicarum (Dr. rer. medic.)

in the field of ... [only for Dr. rer. medic.]

submitted to the Faculty of Medicine of
Martin Luther University Halle-Wittenberg

by ... [all first names, last name]

born on ... in ... [potentially remove in digital version on data protection grounds]

supervisor:

Reviewers:

... (first names and last name incl. title and location separated by comma)

Date of the defense: TT.MM.JJJJ