

## **APPLICATION FOR A BLOCK ON PUBLICATION - EMBARGO -**

according to the currently valid version of the Doctoral Regulations  
of the Department of Biology, Chemistry, Pharmacy

Last Name – Doctoral Student	First Name - Doctoral Student
E-mail address	
Institution where the research work was conducted	
Title, First and Last Name, Institution - Supervisor	
Title, First and Last Name, Institution – Second Reviewer	
Title of the Dissertation:	
Date of defense:	
Request for a block on publication (Embargo) until: <b>Maximum up to 1 year from the date of the defense!</b>	
Reason for the block on publication (Embargo):	
Date	Signature – Doctoral Student

Embargo not approved

Embargo approved until

Subject Representative of the Doctoral Board