

APPLICATION FOR A BLOCK ON PUBLICATION - EMBARGO -

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

Last Name – Docto	oral Student	First Name - Doctoral Student	
E-mail-address			
Institution where the	he research work was conducted		
Title, First and Las	st Name, Institution - Supervisor		
Title, First and Las	st Name, Institution – Second Review	er	
Date of defens	se:		
Request for a block on publication (Embargo) until: Maximum up to 1 year from the date of the defense!			
Reason for the block on publication (Embargo):			
Date		Signature – Docotral Stu	dent
Date		orginature Bocoliai ott	

Embargo not approved

Embargo approved until

Subject Representative of the Doctoral Board