



## IRTG ,School of Angioscience'

### Graduation Notification

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

Project Number: \_\_\_\_\_

Doctorate: \_\_\_\_\_

Start date of Doctorate: \_\_\_\_\_

Doctorate Project Title: \_\_\_\_\_

Date of Defense: \_\_\_\_\_

Grade: \_\_\_\_\_

Next Career step\*:  
\*Voluntary disclosure \_\_\_\_\_

Future Contact (E-Mail)\*:  
\*Voluntary disclosure \_\_\_\_\_

Please send the completed document to:

To: [Uta.Binzen@medma.uni-heidelberg.de](mailto:Uta.Binzen@medma.uni-heidelberg.de)

CC: [Joerg.Heineke@medma.uni-heidelberg.de](mailto:Joerg.Heineke@medma.uni-heidelberg.de), [S.Schneider@medma.uni-heidelberg.de](mailto:S.Schneider@medma.uni-heidelberg.de)