



Application for Conferral of a Doctorate at the Graduate School of Life Sciences

Kuric
Last Name

Martin
First Name

04.04.1994 Bad
Neustadt a.d. Saale
Date and Place of Birth

Neubergstraße 18
97072 Würzburg
Private Address

martin.kur4@gmail.com
E-mail

015773816443
Telephone Number

To the Dean of the Graduate School of Life Sciences, University of Würzburg

I hereby apply for conferral of the doctorate at the Graduate School of Life Sciences

Würzburg

Date, Place

Signature

Matrikelnummer : 2414103 Registered GSLS doctoral researcher: from 28.1.19 to 7.10.24

Start date of the project: 08.04.2018

Interruption from to

Type of degree desired

(please check one):

☒ Dr. rer. nat.

☐ PhD

The work was carried out at the following Institute / *Lehrstuhl*: *Department of
Musculoskeletal Tissue Regeneration / Bernhard-Heine-Centre for Locomotive Research*

Program section (please check):

☒ Biomedicine ☐ Infection and Immunity ☐ Neuroscience

☐ Integrative Biology ☐ Clinical Sciences ☐ MD/PhD Program

Thesis title in both German and English language:

Development and Semi-Automated Analysis of an in vitro Dissemination Model

for Myeloma Cells Interacting with Mesenchymal Stromal Cells

Entwicklung und semi-automatisierte Analyse eines in vitro Modells

für die Disseminierung von Myelomzellen in Interaktion mit mesenchymalen Stromazellen

Julius-Maximilians-

**UNIVERSITÄT
WÜRZBURG**

Graduate School

Life Sciences





1.

Prof. Dr. rer. nat. Regina Ebert
Name of Primary Supervisor

Lehrstuhl für Regeneration Muskuloskelettaler Gewebe
Friedrich-Bergius-Ring 15
97076 Würzburg
Working Address

regina.ebert@uni-wuerzburg.de
E-mail

0931/803-1597
Telephone Number

2.

Univ.-Prof. Dr. med. Franziska Jundt
Name of Supervisor (Second)

Universitätsklinikum Würzburg
Zentrum für Innere Medizin
Medizinische Klinik und Poliklinik II
Oberdürrbacher Straße 6
97080 Würzburg
Working Address

jundt_f@ukw.de
E-mail

+49 931 201-40160
Telephone and Fax Number

3.

Prof. Dr. rer. nat. Torsten Blunk
Name of Supervisor (Third)

Universitätsklinikum Würzburg
Klinik und Poliklinik für Unfall-, Hand-, Plastische und Wiederherstellungschirurgie
Oberdürrbacher Str. 6
97080 Würzburg
Working Address

blunk_t@ukw.de
E-mail

+49 931 201-37115
Telephone and Fax Number

4. (if applicable)

Name of Supervisor (Fourth)

Working Address



E-mail

Telephone and Fax Number
