

Doctoral Degree Agreement

Application for acceptance as a doctoral candidate to the doctoral degree procedure at the Faculty of Medicine at Kiel University

Dr.med. Dr. med. dent.

Planned subject of dissertation (a brief one-page description is to be attached to the application)

It concerns

*Project title

an individual project

part of a project*

Animal testing approval is necessary

yes

no

A vote from the Ethics Committee is necessary

yes

no

Gender:

Date/place of birth:

First name,
Surname

Street,
postcode,
place

Tel.:

E-mail:

Registration no.:

I hereby confirm that I am not registered at any other university and I undertake to register at Kiel University in accordance with Section 5 (5) of the Doctoral Degree Regulations if I am not already a student/staff member of Kiel University or the UKSH (e.g. through employment). In the case of membership of Kiel University/University Medical Center Schleswig-Holstein (UKSH), I undertake to register even if the admission requirements pursuant to Section 4 of the Doctoral Degree Regulations have not been met. I have not applied to a doctoral degree procedure at any other faculty. I have been made aware of the Doctoral Degree Regulations at the Faculty of Medicine at Kiel University. *I have taken note of the contents of the doctoral degree event.*

Date, signature:

I hereby undertake to provide continuous supervision of the above-mentioned doctoral candidate in accordance with the principles for ensuring good scientific practice and the Doctoral Degree Regulations of the faculty. If a consultation on statistics is required for the research work, registration at IMIS must follow no later than two months following submission of the Doctoral Degree Agreement. A consultation may also be sought before the start of the research project.

Academic supervisor qualified
to teach at professorial level:

Institution:

Co-supervising member of staff
qualified to doctoral degree level:

Date, official stamp of the institution, signature of the supervisor:

*This involves cooperation with an **external institution** that is not part of Kiel University's Faculty of Medicine. The agreement of the relevant departmental head of the institution to submit the work as a dissertation to Kiel University's Faculty of Medicine is attached as a separate letter (delete this sentence if not applicable).*