

Doctoral Degree Agreement Dr.med./ Dr. med. dent.

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

Dr. med. **Dr. med. dent.**

Planned dissertation subject:

Individual part of project*

*project title:

Vote from Ethics Committee is necessary: yes no

Animal testing approval is necessary: yes no

Personal information:

Gender: female male

Last name:

First name:

Date / place of birth:

Nationality:

Full address:

Phone:

E-Mail:

Registration no.:

Employment contract UKSH/CAU: yes* no *if so, institution:

Information on supervision:

Academic Supervisor (Prof./PD):

Institution:

Co-supervisor:

I have attached the required documents (in accordance with § 5 (2) Doctoral Degree Regulations):

- Short description of project (approx. one page)
- Confidentiality agreement (not necessary in case of employment contract with UKSH, Campus Kiel/CAU/teaching hospital)
- For exams abroad: diplomas as well as German/English translation, both notarized

Declaration of doctoral candidate:

I hereby confirm that I am not enrolled at any other university and have not applied for a doctoral degree procedure at any other faculty. I undertake to enrol at Kiel University from registration of the doctorate until submission of the dissertation. In the case of an employment contract with the UKSH-Campus Kiel, Kiel University or one of the academic teaching hospitals I undertake to enrol at Kiel University for at least two semesters, unless I have studied at Kiel University. I undertake to attend the course „**Einführungsveranstaltung Promotion**“. I am familiar with the doctoral regulations of the Faculty of Medicine of Kiel University. The doctorate is part of job preparation and professional qualification.

Date, signature

Declaration of supervisor:

I hereby commit myself to the continuous supervision of the above-mentioned doctoral candidate according to the principles of good scientific practice and the Doctoral Degree Regulations of the faculty. If statistical advice is required for the research work, the registration at IMIS must take place at the latest two months after submission of the Doctoral Degree Agreement. Advice can also be obtained before the start of the research project.

Date, official stamp of institution, signature of supervisor / external supervisor

In case of external supervision**Consent form of director of institution at the UKSH-Campus Kiel or Kiel University:**

I agree that the above-mentioned doctoral candidate may carry out his or her doctoral project in cooperation with our institution.

Date, official stamp of institution (clinic/institute), signature director of institution