



DECLARATION FOR SUBMISSION OF A CUMULATIVE THESIS

according to § 7 (2b) and (4) of the Doctorate Regulations of the Department of Biology, Chemistry, Pharmacy
based on Official Announcements at Official Gazette of Freie Universität Berlin
No. 21/2018, 31st of May 2018

.....
Last name of doctoral student

.....
First name of doctoral student

Hereby I confirm that I have prepared my doctoral thesis entitled

independently and without impermissible help.

Hereby I confirm that my doctoral thesis is not based on my
Diploma / Master thesis.

Hereby I confirm that my doctoral thesis is based on my Diploma /
Master thesis with the title:

Hereby I confirm that the present doctoral thesis has not been filed anywhere before.

.....
Date

.....
Signature of doctoral student

Last name of Doctoral Student

First name of Doctoral Student

Herewith I confirm that I have published my thesis or parts thereof in a journal or in journals with a peer review system in compliance with my supervisor

Name of supervisor

Following Publications are part of my cumulative dissertation:

_____ all enclosed manuscripts and publications
(number) (in preparation, submitted, under revision, accepted, published)

↳ out of it _____ first authorship/s
(number) (incl. shared first authorship/s)

↳ out of it _____ co-authorship/s with a substantial contribution
(number)

↳ out of it _____ corresponding authorship/s
(number)

↳ out of it _____ **accepted or published publications**
(number) ↳ ***Please attach proof of the acceptance of the manuscripts from the publishing house or a list with the titles and DOI-links***

.....
Date

.....
Signature of Doctoral Student

The signature will be obtained by the Doctoral Office!

**Confirmation of the reviewer
(full professor from the Department of Biology, Chemistry, Pharmacy of FUB)**

I hereby confirm the correctness of the information provided by the above-mentioned doctoral candidate. Please correct accordingly, in case the information is not correct.

This confirmation is subject to service law.

Notes, if appropriate:

Title

First name

Last name

Date

Signature of reviewer