

**Application for doctorate admission proceedings
at the Department of Biology, Chemistry, Pharmacy**

according to the regulations for the doctoral degree procedure
based on the disclosures at the official journal of the Freien Universität Berlin
Nr. 21/2018 (31.05.2018)

For the attention of the doctoral board at the Department of Biology, Chemistry, Pharmacy
of Freie Universität Berlin, Arnimallee 22, 14195 Berlin

STATEMENT OF THE DOCTORAL STUDENT:

I herewith apply for admission to the doctoral degree procedure and confirm that I am aware of the rules for the doctoral degree procedure.

Mr Ms

First name of doctoral student

Family name of doctoral student

Date

Signature of applicant

STATEMENT OF THE SUPERVISOR:

Mr Ms

Prof. Dr. Prof., Ph.D. Priv.-Doz. Dr. Dr. habil. habil., Ph.D.

Dr. (independent group leader) Ph.D. (independent group leader)

(Please submit an application according to § 6 (3) if your supervisor is not qualified as (adjunct) professor)

First name of supervisor

Family name of supervisor

Institution

Address

Phone: _____ E-Mail: _____

I hereby declare that I am willing to supervise the doctoral degree project of the doctoral student mentioned above with the following topic:

Due to the topic I suggest the classification to the following special field:

Biology

Biochemistry

Chemistry

Pharmacy

Starting date of work: _____ (start of standard processing time)

I am aware that I must be present and accessible as a supervisor and as a reviewer at the defence.
(Travel expenses will not be reimbursed by the FU Berlin.)

I am providing a working place in my laboratory for a time frame of 4 years.
This lab space is located at (MANDATORY FIELD):

Institution

Address

Due to my retirement or end of my workin contract from the institution starting on _____,
the following person is going to ensure the provision of the working place in his/her laboratory:

Mr Ms
Prof. Dr. Prof., PhD Priv.-Doz. Dr. Dr. habil. Dr.

Name

Date

Signature of substitute
in case of a premature resignation of the supervisor

Date

Signature of supervisor

If the supervisor is not a full professor from the Department of Biology, Chemistry, Pharmacy the approval of a second reviewer is required additionally.

STATEMENT OF THE 2nd REVIEWER

(Full professor of the Department of Biology, Chemistry, Pharmacy)

I support the above-mentioned doctorate procedure. I hereby declare that I am willing to write the
2nd expert's opinion and to be the chairman of the doctorate committee.

I hereby declare that I will remain a full professor at the Department of Biology, Chemistry,
Pharmacy for the complete standard processing time.

Prof. Dr.

First name of 2nd reviewer

Family name of 2nd reviewer

Institution

Address

Phone: _____ E-Mail: _____

Date

Signature 2nd reviewer

Name of doctoral student

I have already passed the following qualifying exam:

M. Sc. Dipl. _____
other degree

I have completed the exam mentioned above on (date) _____
at the following faculty/university:

Name of the faculty/university

Location (City and Country)

This is the first doctoral degree I apply for

yes no



I have obtained a doctoral degree in another special field already.
I have been examined in the following
subject(s) in my first doctoral degree on (date) _____
at the following faculty/university:

Name of the faculty/university

Special field



I have been registered at the following college/university
for a doctoral degree in the special field of _____

Name of the faculty/university



The doctoral degree proceedings has been closed.
(Add confirmation to this application form)

I have a FU Berlin Membership by Employment Contract.



yes no (In this case matriculation is mandatory!)



End of contract: _____

I am going to matriculate within the time frame mentioned in the admission.

I am a member of a graduate program



yes no



Name of the graduate program: _____

In case your program is not listed in the drop-down-menu,
please fill in the name of your graduate program.

First name of the doctoral student

Family name of the doctoral student

Date of birth

Place of birth (City and Country)

Nationality

Gender: male female diverse 

Private address:

Street / house number / room number

Postal code / City

Telephone number (private) _____

Telephone number (institute) _____

Mobile number: _____

E-mail address: _____

In case of pregnancy during your doctorate you may use the Maternity Protection Act – MuSchG. Please find further information via the following link:

<https://www.fu-berlin.de/en/studium/studienorganisation/immatrikulation/weitere-angebote/mutterschutz/index.html>

If you wish to take advantage of Maternity Protection, please contact Dr. Alette Winter, coordinator of the Graduate Center
BCP: graduate-center@bcp.fu-berlin.de

Date

Signature of applicant

For publications containing results of the dissertation, the Freie Universität Berlin, Department of Biology, Chemistry, Pharmacy must be listed. The address of the research group in which the dissertation is done is given as the main address. If the research group is external to the FU, the FU Berlin, Dept. BCP is given as the secondary address.