



APPLICATION FOR ADMISSION TO THE DOCTORAL DEGREE PROGRAM AT THE DEPARTMENT OF BIOLOGY, CHEMISTRY, PHARMACY

in accordance with the most current valid version of the doctoral regulations of the Department of Biology, Chemistry, Pharmacy

For the attention of the Doctoral Board at the Department of Biology, Chemistry, Pharmacy of Freie Universität Berlin

Version February 2024

VCISION I EDITION	Version February 2024					
PERSONAL DATA OF THE APPLICANT						
Ms	Mr	Other				
Last name	Maide	en name (if different)	First name	Furth	ner first name/s	
Date of birth Gender:	Place of birth (City) female	Plac male	e of birth (Country) diverse ∐	Nationali	ity	
Current private postal address: Street House number room c/o ZIP Code City						
Mobile number		Phone number (pr	Phone number (private)		Phone number (institute)	
E-mail address (private) E-mail address (institute)						
		STATEMENT	OF THE APPLICAN	IT		
confirm that I am aware of the Doctorate Regulations of the Department of Biology, Chemistry, Pharmacy of Freie Universität Berlin.						
Due to this research topic, I propose – in agreement with my supervisor - the classification to the following doctoral subject:						
BIOL	OGY	CHEMISTRY	BIOCHEMIS	STRY	PHARMACY	
☑ I hereby confirm that I have <u>not</u> registered or submitted a thesis on the same or a similar topic at another university or department.						
☑ I hereby confirm that not only the primary data, but also all additional information required for the traceability and reproducibility of the results presented in my thesis will be handed to my supervisor for storage (10 years) after completion of my doctoral thesis to comply with the rules of good scientific practice.						
My starting	date of work was	resp. is	⇒ Start of stand	dard time to co	ompletion ⇒ 4 years	
Date			Signature – A _l → also manda	oplicant atory on page 4 & 9	5	

ASPIRED TITLE - APPLICANT

Based on the doctoral regulations, the Department of Biology, Chemistry, Pharmacy awards the academic title "Dr. rer. nat." for individual doctoral degree programs. The title "Ph.D." is only awarded on request to doctoral candidates who have successfully completed a structured doctoral studies program. Further information can be found here:

Which title are you aiming for?

Dr. rer. nat.

Ph.D.

The final decision on the title is made during the dissertation submission process.

POSTGRADUATE STUDIES - APPLICANT

✓ I have passed the following qualifying exam (postgraduate studies) ⇒ Highest Degree → e. g. Master, State exam, Diploma, Magister or any other equal degree

Please indicate the original bestowed title in latin script

I have obtained this degree on:

with the major in:

at the following faculty/university:

Name of faculty/university

Location (City) Location (Country)

Grade / Cumulative Grade Point Average (CGPA):

ECTS (if indicated on the certificate/transcript):

My degree includes a thesis

Yes

No

Please attach a confirmation!



I completed this postgraduate program within semesters.

UNDERGRADUATE STUDIES – APPLICANT

☑ I have passed the following undergraduate studies:

→ e. g. Bachelor, or any other equal degree

Please indicate the original bestowed title in latin script.

have obtained this degree on

with the major in:

at the following faculty/university:

Location (City) Name of faculty/university Location (Country)

ECTS (if indicated on the certificate/transcript):

I completed this undergraduate program within semesters.

LANGUAGE PROFICIENCIES OF THE APPLICANT

I have the following language proficiencies.



Only the certificates listed on the following website will be accepted!

https://www.bcp.fu-berlin.de/en/graduiertenzentrum/promotionsinteressierte/promotionsverfahren/03_zulassung/index.html

German (at least DSH 2) and / or English (at least B2)

I do not have any of these language proficiencies.



In this case, you will be requested, as part of your admission, to provide one of the language certificates listed on the above mentioned website by the deadline specified in the admission notification.

FURTHER NOTIFIED OR COMPLETED DOCTORAL PROCEDURES

This is the first time I apply for a doctoral degree program.

I was already registered for a doctoral degree program at the following faculty/university.

Name of the faculty/university



I did not complete this doctoral degree program (please enclose proof/confirmation).

I already have obtained a doctoral degree or a Ph.D. (please enclose proof/confirmation).



Date of graduation:

Subject

Awarded title

FU- MEMBERSHIP & ENROLLMENT

I have a membership with the Freie Universität Berlin by employment contract.



End of contract:

I do not have a membership by employment contract with the Freie Universität Berlin.



Enrollment as a doctoral student is mandatory!

MEMBERSHIP IN A GRADUATE PROGRAM

Are you 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.

				Last na	me – Applicant	First name - A	Applicant
SUPERVISION AGREEMENT							
Ms	Mr	Othe	er				
Please in	ndicate your c	orrect title!					
Prof	. Dr.	Prof., Ph.D.	PrivDoz.	Dr.	Dr. habil.	Other title	
	(independen	t group leader)			•	ndent group leade	^)
in ca Reg	in case of a not habilitated supervisor, the application form according to § 6 (3) of the Doctorate Regulations must be enclosed, if a general cooperation agreement has not yet been concluded. https://www.bcp.fu-berlin.de/graduiertenzentrum/ordnung-formulare/ Formulare/3 Antrag gem 6 Abs 3 der PO BetreuerIn.pdf						
Last nar	ne - Supervis	or			First name	- Supervisor	
Institutio	on/Institute, wl	nere the supervis	or is based				
Address							
Phone n	umber			E-ma	ail address		
the st resea that I	tandard time arch topic, am aware c	to completion a subject assign	and confirm th nment and s	ne data o starting	n page 1 of th date of wor	ed applicant for the is application rega k. Furthermore, Biology, Chemistry	arding I confirm
trace	ability and o	reproducibility of	of the results	present	ed in the the	al information requiesis of the above on the rules of good	mentioned
I (supervisor) have a working contract for the entire standard time to completion of the above mentioned applicant and provide a work space in my laboratory for a time frame of 4 years.							
`	I (supervisor) do not have a working contract for the entire standard time to completion of the						
M	olicant. y working co	ontract ends on:					
		g colleague will e	Û	rvision an	nd the working r	place in his/her	7
		or the above-men			id the working p	nade in morner	
	Ms	Mr	Other				
	Title	Last name - Substi	itute	First	name - Substitute		
	Date			Sign	ature - Substitute		
The working place will be provided in the following location (Institution and address):							
Date		re - Supervisor mandatory on page	e 5	Date	•	- Applicant andatory on page 5	

STATEMENT OF THE SECOND REVIEWER



If the supervisor is not a professor from the Department of Biology, Chemistry, Pharmacy whose primary employment is with the Freie Universität Berlin, the approval of a second reviewer being a professor from the Dept. of Biology, Chemistry, Pharmacy whose primary employment is with the Freie Universität Berlin is required.

Dept	t. of Biology, Chemi	stry, Pharmacy whos	e primary employment is with the Freie Universität Berlin is required.
			ctorate procedure and hereby declare that I am willing to e the chairperson of the doctoral committee.
		that I will remain a n of the above men	full professor at the BCP Department for the entire standard tioned applicant.
	Ms	Mr	Other
	Prof. Dr.	Prof., Ph.D.	Prof. Dr. Dr. h.c.
			Other title
Last	name – Second revi	ewer	First name – Second reviewer
Insti	tute		
Add	ress		
Pho	ne number		E-mail address
Date)		Signature – Second reviewer
		Addi	RESS FOR PUBLICATIONS
	listed as affiliation is not part of the	n in all publications Department of Bi given as the seco	Berlin, Department of Biology, Chemistry, Pharmacy must be a containing results of the dissertation. If the research group ology, Chemistry, Pharmacy of Freie Universität Berlin, the endary affiliation. Primary affiliation is always the institution
		Sign	ATURE OF THE APPLICANT
Date	;		Signature - Applicant
		Signa	TURE OF THE SUPERVISOR
Dat	е		Signature - Supervisor
		DOCTORAL D	EGREE AND HABILITATION OFFICE
			Ground Floor, Room A.025, 14195 Berlin
		https://www.bcp.fu- Biology & Pharmac	berlin.de/en/graduiertenzentrum/index.html y
		Diology & Flialillat	y promiupopiu-beilinue

■ prom2@bcp.fu-berlin.de

Chemistry & Biochemistry