

APPLICATION FOR CHANGE OF SUPERVISION

according to currently valid version of the Doctorate 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, Arnimallee 22, 14195 Berlin



BIOLOGY	CHEMISTRY	BIOCHEMISTRY	PHARMACY
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<u>DOCTORAL STUDENT</u>	Ms	Mr	Other
Last name doctoral student	First name doctoral student		
Phone number	E-mail		
Topic of doctoral project:			
Starting date of work:		End of standard processing time:	

<u>PREVIOUS SUPERVISOR</u>	Ms	Mr	Other
Prof. Dr.	Prof., Ph.D.	Private lecturer	Dr. Ph.D. other title
Last name previous supervisor	First name previous supervisor		
Institution and address of the previous supervisor			
Phone number	E-mail		

<u>PROSPECTIVE SUPERVISOR</u>	Ms	Mr	Other
Prof. Dr.	Prof., Ph.D.	Priv.-Doz. Dr.	other title
Dr. (independent group leader)	Ph.D. (independent group leader)		
Please submit an application according to § 6 (3) if you are not qualified as (adjunct) professor			
Last name prospective supervisor	First name prospective supervisor		
Institution of the prospective supervisor			
Address			
Phone	E-mail		

Date of the change of supervisor:

Explanation and reason for the change of supervision:

DOCTORAL STUDENT

Herewith, I request to change my supervisor.

Date

Signature doctoral student

PREVIOUS SUPERVISOR

Herewith, I withdraw my function as a supervisor of the doctoral student mentioned above.

Date

Signature previous supervisor

PROSPECTIVE SUPERVISOR

I hereby declare that I am willing to supervise the doctoral student with the announced topic.

Date

Signature prospective supervisor

SECOND REVIEWER → Full professor of the Department of Biology, Chemistry, Pharmacy

Required if the supervisor is no full professor of the BCP Department

I herewith approve the above-mentioned change of supervision, and I hereby declare that I am willing to write the second review and to be the chairman of the doctorate committee.

I hereby declare that I will remain a full professor at the BCP Department for the complete standard processing time of the doctoral student.

Ms

Mr

Other

Prof. Dr.

Prof., Ph.D.

Prof. Dr. Dr.

Last name second reviewer

First name second reviewer

Phone

E-mail

Date

Signature second reviewer