

APPLICATION FOR CHANGE OF SUPERVISION

according to currently 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, 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 time to completion:

<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 evaluation and to be the chair of the doctoral committee.

I hereby declare that I will remain a full professor at the BCP Department for the complete standard time to completion 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