Freie Universität Berlin

APPLICATION FOR CHANGE OF SUPERVISION

according to currently valid version of the Doctoral Regulations of the Department of Biology, Chemistry, Pharmacy

Receipt Stamp – Doctoral Degree Office

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**

DOCTORAL STUDENT ◯ 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: _____

PREVIOUS SUPERVISOR ◯ 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 _____

PROSPECTIVE SUPERVISOR ◯ 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 _____

_____ , _____
Last name doctoral student First name doctoral student

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