

**Request – Change of Supervision
according to § 6 Abs.7 S.2 to the regulations
for the doctoral degree procedure**

Reiceipt Stamp – Doctoral Degree Office

Biology Biochemistry Chemistry Pharmacy

For the attention of the doctoral board
at the Department Biology, Chemistry, Pharmacy
of Freie Universität Berlin, Takustr. 3, 14195 Berlin

Mr Ms

First name of the doctoral student

Family name of the doctoral student

E-Mail: _____

Starting Date of Work: _____

End of Doctoral Project: _____

Previous Supervisor: Mr Ms

Prof. Dr. Priv.-Doz. Dr. Dr.

First Name
of the previous supervisor

Family Name
of the previous supervisor

Institution of the previous supervisor

Prospective Supervisor: Mr Ms

Prof. Dr. Priv.-Doz. Dr.

Dr. (independent group leader)

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

First Name
of the prospective supervisor

Last Name
of the prospective supervisor

Institution of the prospective supervisor

Address

Phone: _____ E-Mail: _____

In case of external supervision

2. Reviewer = Main professor of the Department Biology, Chemistry, Pharmacy

Prof. Dr.

First Name of the 2nd reviewer

Last Name of the 2nd reviewer

Explanation and reason for the change of supervision:

Herewith, I request to change my supervisor.

Date

Signature of doctoral student

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

Date

Signature of the previous supervisor

I hereby declare that I am willing to supervise the doctoral degree project of the doctoral student mentioned above with the announced topic in the application form of the doctoral degree procedure

Date

Signature of the prospective supervisor

I herewith approve the above-mentioned chance of supervision, and I hereby declare that I am (still) 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 main professor at the Department of Biology, Chemistry, Pharmacy for the complete regular processing time.

Date

Signature of the 2ndReviewer