For information purposes only, the German original is binding.

Faculty of Agricultural and Nutritional Sciences at Kiel University Declaration on the assumption of the role of doctoral degree supervisor

(to be presented to the Dean's Office)

I, (name and title of the supervisor) – please fill in digit	cally
intend to accept Ms. Mr. diverse	
surname, first name	
date and place of birth	
with successfully completed degree (M.Sc., Diploma, Doctorate)	
at the university	
with the major subject	
with the final grade	
registration number CAU (if available)	
at the Institute	
for the doctoral subject (in accordance with Annex 1 of the Doctoral Degree Regulations)	
with the intended Dr title	
(date) The subject of the dissertation is:	
The subject of the dissertation crosses Faculty bound If yes:	daries 🗆 yes 🗆 no
name of the other faculty	
If the supervisor is not a full-time member of the Fac appointment of a full-time member of the Faculty of doctoral degrees in accordance with § 6 (4)	culty: Agricultural and Nutritional Sciences for cross-faculty
I have assumed the role of supervisor. I will keep myse dissertation (cf. § 5 (4) of the Doctoral Degree Regulat	elf regularly informed of the status and progress of the cions).
Signature of the nri	mary examiner + stamp

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	I will complete the doctoral degree stated above.	
	I have read and accepted the rules of good research practice in relation to the <u>standard of scientific</u> work pursuant to recommendations by the DFG.	
	I have read and understood the Doctoral Degree Regulations for the Faculty of Agricultural and Nutritional Sciences.	
	I have been informed that my data on the dissertation and its progress will be saved in the Graduate Centre in accordance with the Federal Data Protection Act, as this is the central registration office for dissertation data, used for evaluation of the doctoral phase at Kiel University by Kiel University, as well as passed on to the Federal State Government of Schleswig-Holstein, the statistical office and the Federal Statistical Office.	
	I have not used any intermediary agency for doctoral degrees.	
	I hereby declare that I have not already unsuccessfully submitted a dissertation in the same or a related subject area.	
	Space for individual agreements:	
	Date, signature of supervisor Signature of applicant	
Date, signature of applicant		