

## Annex 2

**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 use block letters

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intend to accept Ms./Mr

|   |  |
|---|--|
| 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<br>(in accordance with Annex 1 of the Doctoral Degree Regulations) |  |
| with the intended Dr title  |  |

as a doctoral researcher.

It is intended to start work on the dissertation on / work on the dissertation started on:

\_\_\_\_\_  
(date)

The subject of the dissertation is:

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| <p>The subject of the dissertation crosses Faculty boundaries <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes: _____<br/>name of the other faculty</p> <p>If the supervisor is not a full-time member of the Faculty:<br/>appointment of a full-time member of the Faculty of Agricultural and Nutritional Sciences for cross-faculty doctoral degrees in accordance with § 6 (4)</p> |
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I have assumed the role of supervisor. I will keep myself regularly informed of the status and progress of the dissertation (cf. § 5 (4) of the Doctoral Degree Regulations).

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Signature of the primary examiner + stamp

