

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 digitally

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	

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:

The subject of the dissertation crosses Faculty boundaries yes no

If yes:

_____ name of the other faculty

If the supervisor is not a full-time member of the Faculty:

appointment of a full-time member of the Faculty of Agricultural and Nutritional Sciences for cross-faculty doctoral degrees in accordance with § 6 (4)

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).

Signature of the primary examiner + stamp

