

Checklist for PhD Students

Name, first name: ................................................................................................................... Matriculation number: .............................................. Registration Date: ............................ GAUSS Program: ...................................................................................................................

# Thesis Committee

Supervisor 1 (name and institution): ......................................................................................

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Supervisor 2 (name and institution): ......................................................................................

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If applicable: Supervisor 3 or instructor (name and institution): ............................................

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Doctoral project: .....................................................................................................................

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# Confirmation of annual progress report and thesis committee meeting

Report 1 and subsequent discussion took place after 6 months:

Date and signature of the members of the Thesis Committee

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Report 2 and subsequent discussion took place:

Date and signature of the members of the Thesis Committee

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Report 3: and subsequent discussion took place:

Date and signature of the members of the Thesis Committee

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(If applicable) Report 4 and subsequent discussion took place:

Date and signature of the members of the Thesis Committee

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**Proof of Performance**

This list with achieved credits should to be updated regularly and used to confirm the achieved credits. It might be wise to use the Word-File in order to make individual changes to the length of the list in the different categories.

**Proof of Performance** (depending on the program) (C = Credits)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lecture / seminar / colloquium / course | Term | C | Lecturer | Signature |
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|  |  |  |  |  |
|  |  |  |  |  |
| Talk or poster presentation at a conference | Date | C | Supervisor | Signature |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Teaching | Term | C | Supervisor | Signature |
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|  |  |  |  |  |
|  |  |  |  |  |
| Key qualifications | Term | C | Lecturer | Signature |
|  |  |  |  |  |
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Enclose certificates of the successful participation and credits achieved!

Confirmation for the registration to the examination

Name and Institute of the signatory: ....................................................................................

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It is herewith confirmed that

Mr./Ms. ................................................................................................................................... from ........................................................................................................................................

achieved all credits necessary for the completion of her/his doctoral studies according to the regulations.

Date: .......................

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Dean of studies or authorized representative