Family name, First name(s): Click or type here to enter a name.

Email: Click or type here to enter a text.

Place: Click or type here to enter a text. Date: Please enter a date.

Matriculation number: Click or type here to enter a text.

**Application for the transfer of courses**

In the doctoral degree programme: PAG - Promotionsprogramm für Agrarwissenschaften in Göttingen / PhD program for Agricultural Sciences in Goettingen

Module category: Key competencies

|  |  |  |
| --- | --- | --- |
| **Module information** | | |
| *Name:*  P.AG.0096: Academic Researcher Skills - Writing a research proposal | | |
| *Learning outcome:*  Learning and applying writing skills at writing a research proposal. | | *ECTS Credits:*  3 ECTS |
| *Responsible person for the module* (first examiner of PhD student or another authorized examiner of the PhD student’s thesis committee): | Click or type here to enter a name. | |

|  |  |  |  |
| --- | --- | --- | --- |
| **I. Certification by the responsible person** | | | |
| **Course requirements** | **Specification** | **Date of completion** | **Please check if fulfilled** |
| Completion of a preparatory seminar/workshop closely related to writing research proposals | Name of the workshop/ seminar:  Please enter the title of the workshop. | Please enter the dates of the workshop/ seminar. |  |
| The doctoral candidate has contributed significantly to a research proposal in order to acquire research funding under a competitive call for proposals or from a funding body with a rigorous review system. The proposal has been submitted in full. | Funding institution: Click or type here to enter a text.  Title of the proposal:  Click or type here to enter a text. | Please enter the submission date. |  |
| Additional information (if applicable): Click or type here to enter a text.  Date: Please enter a date.  Name: Name of the signing authorized examiner  Signature: | | | |

|  |
| --- |
| **II. Recognition by the graduate committee** |
| Application approved  application not approved  By:  the Dean of Students Office  the Graduate Committee  Annotations (if applicable): Click or type here to enter a text.  Date: Please enter a date.  Signature: |

|  |
| --- |
| No.:  Receipt stamp examination office |