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

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| **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. |

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| **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 examinerSignature:  |

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

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| No.:Receipt stamp examination office |