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.0093: Academic Researcher Skills - Conference Presentation | | |
| *Learning outcome:*  Presentation of scientific contributions on significant conferences as the first author and using appropriate techniques for this purpose | | *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 on relevant presentation skills | Name of the workshop/ seminar:  Please enter the title of the workshop. | Please enter the dates of the workshop/ seminar. |  |
| Participation at two scientific conferences with an international scope and audience | 1) Please enter the name of the conference.  2) Please enter the name of the conference. | 1) Please enter the date.  2) Please enter the date. | 1)  2) |
| Submission of written abstracts or short papers in liaison with the conferences | 1) Please enter the title.  2) Please enter the title. | 1) Please enter the date.  2) Please enter the date. | 1)  2) |
| Additional information (if applicable): Click or type here to enter a text.  Date: Please enter the date.  Name: Click or type here to enter a name.  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 |