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.0095: Academic Researcher Skills - Teaching | | |
| *Learning outcome:*  Learning and applying teaching skills | | *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** |

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| --- | --- | --- | --- |
| **Course requirements** | **Specification** | **Date of completion** | **Please check if fulfilled** |
| Completion of a preparatory seminar/workshop closely related to teaching | Name of the workshop/ seminar:  Please enter the title of the workshop. | Please enter the dates of the workshop/ seminar. |  |
| Participation in and significant contribution to teaching modules, led by senior members of the academic staff. The minimum contribution is 28 teaching hours (contact time) complemented by 62 hours of preparation. The 28 teaching hours can be added up over multiple courses. | Taught classes:  1) Which classes did you teach.  If applicable 2) Which classes did you teach  If applicable 3) Which classes did you teach | Please provide the dates of each teaching. |  |
| 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: | | | |

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| **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: |

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| No.:  Receipt stamp examination office |