 

**Checklist for PhD Students – Faculty of Biology and Psychology**

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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(If applicable) Report 5 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.

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| --- | --- | --- | --- | --- |
| Colloquium / seminar | Term | C | Lecturer | Signature |
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|  |  |  |  |  |
|  |  |  |  |  |
| Talk or poster presentation at a conference | Date | C | Supervisor | Signature |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| Teaching | Term | C | Supervisor | Signature |
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|  |  |  |  |  |
| Key qualifications (Lecture / courses) | Term | C | Lecturer | Signature |
| Good scientific practice |  |  |  |  |
|  |  |  |  |  |
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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

NAME ...................................................................................................................................

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

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

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Dean of studies or authorized representative