 

**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): .........................................................................................

.....................................................................................................................................................

Supervisor 2 (name and institution): .........................................................................................

.....................................................................................................................................................

If applicable: Supervisor 3 or instructor (name and institution): ..............................................

.....................................................................................................................................................

Doctoral project: ........................................................................................................................

.....................................................................................................................................................

# 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

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report 2 and subsequent discussion took place:

Date and signature of the members of the Thesis Committee

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report 3: and subsequent discussion took place:

Date and signature of the members of the Thesis Committee

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If applicable) Report 4 and subsequent discussion took place:

Date and signature of the members of the Thesis Committee

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If applicable) Report 5 and subsequent discussion took place:

Date and signature of the members of the Thesis Committee

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

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

Enclose certificates of the successful participation and credits achieved!

Confirmation for the registration to the examination

Name and Institute of the signatory: ....................................................................................

................................................................................................................................................

It is herewith confirmed that

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

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

………………………………….

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

.............................................................................................

Dean of studies or authorized representative