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.0094: Academic Researcher Skills – Supervising Students | | |
| *Learning outcome:*  Learning and applying basic skills required for supervising students when researching and writing their final theses | | *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 supervising research theses | Name of the workshop/ seminar:  Please enter the title of the workshop. | Please enter the dates of the workshop/ seminar. |  |
| Active supervision of at least 1 student in Bachelor's or Master's thesis(es) and their preparation (at least one completed thesis as supervisor with a review or draft review) | Supervised student(s): Please enter the name(s) of the supervised student(s) | Please enter the date(s) of the thesis submission(s). |  |
| 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 |