**Studyplan PhD Program for Agricultural Sciences Göttingen (PAG)**

Name of Student: Matrikelnumber:

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E-Mail: Tel. No.:

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Supervisor: Workgroup:

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| Module number | Module title | University | ECTS | OK |
| **Progress reports** | | | |  |
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| **Method** | | | |  |
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| **Expert knowledge** | | | |  |
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| **Softskills** | | | |  |
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Date, Signature of Student Date, Signature of Supervisor

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Examination office: Study plan accepted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Prof. Dr. Mußhoff

(Chairman of the Examination Committee)