To the chairwoman Regensburg, ……………………….

of the doctoral committee

for the Faculty of Chemistry and Pharmacy

at the University of Regensburg

**APPLICATION FOR ADMISSION TO A PROMOTION**

**within the framework of a Cotutelle agreement**

**at the Faculty of Chemistry and Pharmacy**

**(§ 8 of the doctoral regulations of June 18, 2009)**

|  |  |
| --- | --- |
| Surname, name | |
| Address | |
| Student number | |
| Number of semesters (duration of the doctorate) | Number of total semesters (All semesters) |
| Doctoral subject | |
| Supervisor at the UR | Supervisor Cotutelle University |
| Cotutelle agreement with the university | |

I am applying for admission to a doctorate in accordance with Section 8 of the doctoral regulations.

I requested admission to the University of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The defense is expected to take place on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the University

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_(number) members for the audit committee are appointed by the

University\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I propose the following people as members of the examination board (§10 Doctoral Regulations, at least two members must be professors within the meaning of Art. 2 Para. 1 Sentence 1 Numbers 1 and 2 BayHSchPG):

**Please provide relevant proof and contact details (important: email address) to the external chairperson, reviewer or examiner, supervisor.**

|  |  |
| --- | --- |
| **The chairperson comes from the** | |
| University of Regensburg | Partner University |
| **The first reviewer comes from the** | |
| University of Regensburg | Partner University |
| **The second reviewer comes from the** | |
| University of Regensburg | Partner University |
| **The third reviewer comes from the** | |
| University of Regensburg | Partner University |

For additional examiners, please use the additional sheets below.

Seen and approved:

(Signature of applicant) (The chairwoman of the doctoral committee)

**NOTE: The reports and the dissertation are displayed in accordance with Section 9 Paragraph 4 of the regulations for the acquisition of the academic degree of Doctor of Natural Sciences at the University of Regensburg. The oral examination can only be carried out with the consent of both universities involved in the joint doctoral process.**

The following documents are attached:

1 copy of the dissertation **In the case of requirements, doctoral aptitude test or**

**Agreements according to Section 6 Paragraph 6:**

Information about previous convictionsEvidence in accordance with Section 5 Paragraphs 7 to 9 or Section 6 Paragraph 6

CV **In the case of participation in the  
 Graduate School “ChemPharm”**

statutory declaration certificate of achievement

Cotutelle process

Cotuelle contract

Contact details of the external chairperson, assessor, supervisor

Approval of the composition of the university's examination board

Stand Oktober 2023

**Additional sheet 1:**

Additional examiners

|  |  |
| --- | --- |
| Examiner | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Examiner | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Examiner | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Examiner | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Examiner | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Examiner | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Examiner | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Examiner | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Additional sheet 2:**

Contact details of the external auditors

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institute/Uni: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details (Mail): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Additional sheet 3:**

Contact details of the external auditors

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