 

Checklist for PhD Students

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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**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.

**Proof of Performance** (BeCog-Program) (C = Credits)

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| --- | --- | --- | --- | --- |
| Module 1: Acquiring knowledge of and reflecting on research (4C): | | | | |
| **Name of colloquium/seminar etc.** | **Sem** | **C** | **Instructor** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
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| Module 2: Subject and methodological basics (4C): | | | | |
| **Name of course** | **Date** | **C** | **Supervisor** | **Signature** |
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| Module 3: Scientific teaching (4C): | | | | |
| **Name of course/ supervision** | **Sem** | **C** | **Supervisor** | **Signature** |
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| Module 4 Scientific communication (4C): | | | | |
| **Name of conference** | **Sem** | **C** | **Supervisor** | **Signature** |
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| Modul 5: Key competencies (4C): | | | | |
| **Name of course** | **Sem** | **C** | **Instructor** | **Signature** |
| Good scientific practice (Mandatory) |  |  |  |  |
|  |  |  |  |  |
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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

Mr./Ms. ................................................................................................................................... from ........................................................................................................................................

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

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

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Dean of studies or authorized representative