



**Application for Affiliation as a Medical Doctoral Researcher
to the Graduate School of Life Sciences**

1. Doctoral Researcher

Family name: _____ Title: _____

First name: _____

Date of birth: _____ Steuerliche Identifikationsnummer: _____

Nationality: _____

German private address (street, postal code, city): _____

Office/Lab address (institute, street, postal code, city): _____

Email (university): _____ Email (private): _____

Current semester number: _____ Tel. (lab): _____

Matriculation number: _____

Start date of the thesis project: _____

Planned "Freisemester": WS _____ / SS _____

2. Application for Affiliation:

I would like to apply for affiliation as a medical doctoral researcher, and I confirm that

- ☐ I have already obtained a non-medical academic doctoral degree
Titled: _____
- ☐ I have already attempted to obtain a medical doctoral degree
- ☐ I have not yet attempted to obtain a medical doctoral degree

3. Jour fixe/Institute seminar/participating research structure (GK/ SFB/ TR/ KFG):

4. Section

Biomedicine ☐ Clinical Sciences ☐ Infection & Immunity ☐ Integrative Biology ☐
Neurosciences ☐

5. Please submit the following documents to the GSLS office:

a. First pre-clinical examination certificate, Abitur certificate

Please show us the original document(s) and provide us with a copy

Already handed in / is attached Yes ☐ No ☐

b. Curriculum Vitae – current, up-to-date version

Signed CV already handed in / is attached Yes ☐ No ☐

c. 'Confirmation by the Thesis Committee' form

Confirmation by supervisors / *Bestätigung der Betreuer*

already handed in / is attached Yes ☐ No ☐

6. Thesis Committee

6.1

Name of Primary Supervisor

Working address

E-mail

Telephone number

6.2

Name of Supervisor (Second)

Working address

E-mail

Telephone number

6.3

Name of Supervisor (Third)

Working address

E-mail

Telephone number

6.4 if applicable:

Name of Additional Supervisor

Working Address

E-mail

Telephone number

7. Title of the planned thesis project:

8. Please indicate how we may use your data:

You may share my data, including my name: ☐

You may not share any of my data: ☐ You may share my anonymised data: ☐

9. I realize that all mandatory requirements including an accepted co-authorship publication must be fulfilled for thesis submission.

Signature: Place and Date