

Registration Form

docfile registration number

family name

given name(s)

Email Address

Member of specialized graduate programme

(name of programme)

Supervisor

Institution

Names of your Mentors

Beginning of Thesis Work

With my signature, I confirm that I have

- read the regulations of the GSfBS https://gs-biosciences.uni-koeln.de/sites/gsfbs/user_upload/AM_2020-107_GSfBS_ger.pdf
- sent the supervision agreement to the coordinator of my graduate programme or graduate school

Date

Signature (Doctoral Student)

Date

Signature (Isabell Witt)