

The following reviewer¹ are proposed according § 5:

1st reviewer	Institute / Department
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2nd reviewer	Institute / Department
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The following persons are proposed as members of the examination board according § 6 (Chair § 6 subs 5)

1. examiner	Chair <input type="checkbox"/> yes <input type="checkbox"/> no	Institute / Department
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2. examiner	Chair <input type="checkbox"/> yes <input type="checkbox"/> no	Institute / Department
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3. examiner	Chair <input type="checkbox"/> yes <input type="checkbox"/> no	Institute / Department
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poss.4. examiner	Institute / Department
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poss. further examiner	Institute / Department
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Date oral examination (if already known)

Transcript writer during the defense

Ms. Mr. Mx

Date:

Applicant's signature

¹ Please note that only one of the reviews may be identical with your supervisors from the registration application. Please refer to §5 of the doctoral regulations

Statistical data

Type of doctoral process

- Doctorate at JGU, no cooperation
- Cooperation with:
- another University in Germany
 - University abroad
 - University of Applied Sciences
 - Research Institute
 - Economy or other facilities

Did you have any doctoral-related stays abroad during your doctoral studies (longer than 4 weeks)?

- no yes

If yes, please add further information:

- Duration of the stay abroad (from month/year to month/year) _____
- Country: _____
- University abroad, if courses were taken or you worked there

- Through which exchange program was the stay financed?

- None, Self-financed

Restriction notices and non-disclosure agreements

Please note:

If the dissertation was written in cooperation with a company or if you have signed a confidentiality agreement, please take the opportunity to request a deferment of publication. The corresponding form is available in the Dean's Office.

I have noted the information about restriction notices and non-disclosure agreements

Date: _____

Applicant's signature

The application is accompanied by these documents:

- The scientific thesis according to §14 of the doctoral regulations in quadruplicate, in which a one-page abstract in German and English is included. Furthermore, the dissertation must contain a current curriculum vitae, which must either be integrated at the end of the dissertation or attached on a supplementary sheet.
- if the dissertation is data-based: written confirmation of the supervisor that primary data, metadata and material have been provided (according to annex 6 of the supervision agreement) (*see under Formulare / Forms*)
- Declaration on the dissertation according § 13 (3) No. 3-7 (*see under Formulare / Forms*)
- Certificate of good conduct in accordance with §30 (5) of the Federal Central Register Act (BZRG)
- Proof of payment of the doctoral degree admission fee (Euro 170,00)

Payable to: Landeshochschulkasse Mainz

Bank: Deutsche Bundesbank, Filiale Mainz,

IBAN: DE 25 5500 0000 0055 0015 11 BIC: MARKDEF 1550

It is imperative to note this purpose: PromoGebühr FB 09

8500 11000 8795100 7951 FIBU 53102

The following will be filled in by the dean's office

II. ZULASSUNG ZUR PROMOTIONSPRÜFUNG (§ 13 DER PROMOTIONSORDNUNG)

Aufgrund der eingereichten Unterlagen wird

Frau Herr Divers _____

zur Promotion zugelassen.

Datum: _____

Dekan:in

III. GUTACHTER:INNEN (§§ 5 und 6 DER PROMOTIONSORDNUNG)

Als Gutachter:innen und Vorsitzende:r für die Dissertation benenne ich:

1. Vorsitz:

2.

3.

Datum: _____

Dekan:in

IV. BEGUTACHTUNG UND AUSLAGE DER DISSERTATION (§§ 15 und 17 DER PROMOTIONSORDNUNG)

Entscheidung der Gutachter:innen über die Dissertation:

1.

2.

3.

Die Dissertation wird für den berechtigten Personenkreis ausgelegt

vom _____ bis _____

Die Dissertation wird als Promotionsleistung anerkannt.

Datum: _____

Dekan:in

**V. MÜNDLICHE PRÜFUNG, IHRE BEURTEILUNG UND
GESAMTBEWERTUNG**

(§§ 6,16 und 17 DER PROMOTIONSORDNUNG)

Als Mitglieder der Prüfungskommission bestelle ich

1. Prüfer:in
Name: _____

2. Prüfer:in
Name: _____

3. Prüfer:in
Name: _____

4. Prüfer:in
Name: _____

5. Prüfer:in
Name: _____

Den Vorsitz in der mündlichen Prüfung führt _____

Termin der Prüfung: _____

Datum: _____

Dekan:in

Beurteilung der mündlichen Prüfung: _____

Festsetzung der Gesamtbewertung der Promotion: _____

Datum: _____

FB09

FACULTY OF CHEMISTRY, PHARMACEUTICAL SCIENCES,
GEOGRAPHY AND GEOSCIENCES



Dekan:in