

I. Application for Conferral of Doctoral Degree

(as per § 10 of the Regulations for Attaining a Doctoral Degree)

The Dean of the Department Chemistry, Pharmacy, and Geoscience

I hereby ask to be accepted into a doctoral program for the natural sciences.

chemistry pharmacy geology / palaeontology mineralogy geography

Enrolment number: _____

Ms. Mr.

Family name / First name _____

Date / place of birth: _____

Nationality: _____

Address: _____

E-mail: (private) _____ Phone (private): _____

E-mail: (business) _____ Phone (business) _____

Type of thesis

monograph

cumulative (you must first submit an informal application for approval to the Dean)

Type of doctorate

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 stays abroad during your doctoral period (min. 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 or

Self-financing?

As per § 10 par. 2, I suggest the two examiners listed below (usually the two reviewers, provided they are members of the faculty supervising the procedure and are approved as examiners as per § 20 par. 1)

Name of examiner / 1st reviewer

Institute/Subject

Name of examiner / 2nd reviewer

Institute/Subject

As well as these two examiners:

Name of examiner

Institute/Subject

Name of examiner

Institute/Subject

Name of examiner (if 2nd reviewer is not an
examiner)

Institute/Subject

Date oral examination (if you know)

secretary during the defense Ms. Mr. _____

Date: _____

Applicant's signature

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:

(Please bring this checklist when you submitted your thesis)

- a) Four bound copies of the dissertation in typewritten form
either with bound curriculum vitae at the end of the dissertation or current curriculum
vitae on a supplementary sheet
*(two copies remain in the dean's office,
two copies are for the two reviewers, which are sent by the dean's office to the
reviewers).*

- b) Declaration concerning the dissertation (*see the accompanying form*)

- c) Records of study from these university: This doesn't apply to you, if you haven't
studied at a German university.

- d) Proof of payment of the doctoral degree admission fee (Euro 170,00),
Payable to: Landeshochschulkasse Mainz
Bank: Deutsche Bundesbank, Filiale Mainz,
IBAN: DE25 5500 0000 0055 0015 11 BIC: MARKDEF1550
It is imperative to note this purpose: PromoGebühr FB 09
8500 11000 8795100 7951

- e) Copy Passport

wird vom Dekanat ausgefüllt

II. PROMOTIONSZULASSUNG

(§ 12 DER PROMOTIONSORDNUNG)

Aufgrund der eingereichten Unterlagen und der vorliegender Betreuungsvereinbarung
(falls Annahmebescheid nach 07.10.2020) wird

Herr / Frau

zur Promotion zugelassen.

Datum:

Dekan/in

III. BERICHTERSTATTER

(§ 14 DER PROMOTIONSORDNUNG)

Als Berichterstatter und Vorsitzende/r für die Dissertation benenne ich:

- 1.
- 2.
- 3.

Vorsitz:

Datum:

Dekan/in

IV. BEGUTACHTUNG UND AUSLAGE DER DISSERTATION

(§§ 15 UND 16 DER PROMOTIONSORDNUNG)

Entscheidung der Berichterstatter über die Dissertation:

- 1.
- 2.
- 3.

Die Dissertation wird für die berechtigten Mitglieder des Fachbereiches 09 ausgelegt

vom

bis

Die Dissertation wird als Promotionsleistung anerkannt.

Datum:

Dekan/in

V. MÜNDLICHE PRÜFUNG, IHRE BEURTEILUNG UND GESAMTBEWERTUNG

(§§ 20, 22 und 25 DER PROMOTIONSORDNUNG)

Als Mitglieder der Prüfungskommission bestelle ich

1. Prüfer – Berichterstatter

Name:

2. Prüfer

Name:

3. Prüfer

Name:

4. Prüfer

Name:

5. Prüfer

Name:

Den Vorsitz in der mündlichen Prüfung führt

Termin der Prüfung:

Datum:

Dekan/in

Beurteilung der mündlichen Prüfung:

Festsetzung der **Gesamtbewertung** der Promotion: _____

Datum:

Dekan/in