

## Supervision Agreement within the Framework of a Doctoral Project at Trier University

**This supervision agreement must be completed jointly by the doctoral candidate and the (first) supervisor. Please consult the instructions for completing the supervision agreement.**

Updates to the supervision agreement are possible at any time by mutual agreement, must be submitted in writing and signed by all participating parties.

### Part 1, also functioning as Registration Form for Doctoral Candidates (pp. 1–3)

#### A) Participating Parties

##### Personal Details of the Doctoral Candidate

Form of address	Surname	First Name
_____	_____	_____
Street and house number		Postal code and city
_____		_____
Birth date	Birth place	
_____	_____	
Nationality	Gender	
_____	_____	
E-Mail	Telephone and mobile number	
_____	_____	

##### Funding of the Doctorate

- |  |   |
|--|---|
| <input type="checkbox"/> Employment at Trier University      | <input type="checkbox"/> Scholarship      |
| <input type="checkbox"/> Employment not at Trier University  | <input type="checkbox"/> Privately funded |
| <input type="checkbox"/> Project funding _____               | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Currently no specification possible |   |

**Please note: The obligation to supervise until the completion of the doctorate is independent of the duration of the funding of the doctorate.**

## Qualifications

Previous degrees (e.g. master):

Date of completion:

\_\_\_\_\_

\_\_\_\_\_

For a master's degree:

Consecutive degree (same as bachelor)

Additional degree (different as bachelor)

Subject(s):

Grade:

\_\_\_\_\_

\_\_\_\_\_

At the university: \_\_\_\_\_

Country (if outside of Germany): \_\_\_\_\_

## Initial Date of Matriculation/Enrollment

Date of initial matriculation or enrollment in Germany/abroad: \_\_\_\_\_

If **within Germany**, please specify:

If **outside of Germany**, please specify:

City: \_\_\_\_\_

Country: \_\_\_\_\_

University: \_\_\_\_\_

University: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## University Entrance Qualification

Year of Completion:

Grade:

\_\_\_\_\_

\_\_\_\_\_

If **within Germany**, please specify:

If **outside of Germany**, please specify:

Type of school: \_\_\_\_\_  
(e.g. Gymnasium/Gesamtschule)

Country: \_\_\_\_\_

State/Province: \_\_\_\_\_

German School Abroad

Other School Abroad

County/District: \_\_\_\_\_

## First Supervisor

Title

Surname

First name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department/Institute

E-Mail

Telephone and/or mobile number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## If Applicable: Additional Participating Party (e.g. second supervisor, co-supervising postdoctoral researcher)

Title

Surname

First name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

University/College/Department/  
Institute etc.

E-Mail

Telephone and/or mobile number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisory role: \_\_\_\_\_

## B) Doctoral Project

### B1) Subject

The aim of the project is to earn a degree in accordance with the regulations of the faculty \_\_\_\_\_ Intended Degree \_\_\_\_\_  
Subject: \_\_\_\_\_

### B2) Topic or Working Title

The doctoral candidate will write a dissertation on the following topic or with the following working title:

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### B3) Form

According to the options of the doctoral regulations, the dissertation will be a

- monograph       cumulative form

### B4) Language

The dissertation will be written in

- German       English       \_\_\_\_\_

### B5) Start Date

Date of commencement of doctoral research project:

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### B6) Matriculation/Enrollment

Do you plan to matriculate/enroll as a PhD student at Trier University?

- yes       no

### B7) Participation in a Structred Doctoral Programme:

- If yes, please specify the name of the programme:       no

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I confirm that the information provided in the supervision agreement is accurate

I confirm that I have entered into a supervision agreement with the above-named doctoral candidate

I confirm that the doctoral candidate was accepted to faculty:

\_\_\_\_\_  
Date, Signature of Doctoral Candidate

\_\_\_\_\_  
Date, Signature of (First) Supervisor

\_\_\_\_\_  
Date, Signature of Dean