Doctorate Confirmation of Supervision

Dean's office



This form must be completed by the applicant and signed by him:her and the designated supervisor.

It must be submitted together with further documents (see webpage) to the dean's office of the Department of Mechanical Engineering and is required for registration/enrolment on the campus management system TUCaN of Technical University of Darmstadt.

Personal Details				
Last Name:		First Name:	First Name:	
Address:				
Acad. Title:	Private Email:			
Phone:	Date of Birth:	Place of Birth / Countr	y:	
Supervision				
The dissertation at the supervision	Department of Mechanica	l Engineering is intended to be	prepared under the	
Prof.				
For special cases: (e.g	. Cotutelle, external docto	rate, cooperative doctorate, etc	c.)	
	rtation is to be completed	_		
Prof.	1			
Darmstadt, the			Applicant's Signature	
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Academic Degree A	Aspireu			
\square DrIng.		Dr. rer. nat.	☐ Dr. phil.	
*(to be determined definiti	vely upon initiation of the do	ctoral procedure)		
Confirmation				
I hereby agree to act as candidate.	supervisor of the above-n	nentioned person if he:she is ac	ccepted as a doctoral	
Darmstadt, the		Signature of Supervisor with Stamp of Institute		
		Signature of Si	apervisor with Stallip of Histitute	
Darmstadt, the				
			Signature of Head of Institute**	

 $[\]ensuremath{^{**}}\xspace$ To be signed only if supervisor is not head of institute.