

Promotionsausschuss der WiSo-Fakultät
Universität zu Köln
Albertus-Magnus-Platz
50923 Köln
promotion@wiso.uni-koeln.de

CONFIRMATION OF SUPERVISION

I hereby confirm that I will provide **secondary supervision** for the doctoral degree of

First Name Surname

I belong to the following group:

- full-time professor of the WiSo faculty of the UzK,
- full-time apl. professor of the faculty or full-time private lecturer of the faculty,
- Junior professor of the faculty or junior group leader of the faculty.

The request for supervisor by the doctoral committee has been approved*.

- Part-time professor of the faculty

or professor with membership legal status of a professor by the faculty or university.

The request for supervisor by the doctoral committee has been approved*.

- doctoral member of the faculty with whom a joint contractually regulated graduate program exists, or
doctoral member of research institutions with which a joint contractually regulated graduate program exists, or
university lecturer from other faculties or universities.

The request of one of the individuals listed in § 6 (3) of the 2022 Doctoral Regulations has been approved by the Doctoral Committee*.

Place, Date, Signature

Academic Title First name Surname

* In case the request has not yet been submitted, it is to be sent informally to the doctoral committee promotion@wiso.uni-koeln.de.