

Promotionsausschuss der WiSo-Fakultät  
Universität zu Köln  
Albertus-Magnus-Platz  
50923 Köln  
[promotion@wiso.uni-koeln.de](mailto:promotion@wiso.uni-koeln.de)

## CONFIRMATION OF SUPERVISION

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

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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 § 7 (3) of the 2025 Doctoral Regulations has been approved by the Doctoral Committee\*.

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Place, Date, Signature

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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](mailto:promotion@wiso.uni-koeln.de).