

Doctoral Committee of the WiSo Faculty
University of Cologne
Albertus-Magnus-Platz
50923 Cologne
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CHANGE OF SUPERVISION

We hereby confirm that the change of the **first/second supervisor*** of the doctorate from the doctoral candidate

First Name, Last Name

is by mutual agreement.

Place, Date, Signature

Academic title, name of the previous first or second supervisor

Place, Date, Signature

Academic title, name of the prospective first or second supervisor

Place, Date, Signature of the doctoral candidate

* The new request for first or second supervision is attached or has already been submitted to the doctoral committee.