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,
$\hfill\square$ 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*.
\square 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.