Name:				
Male Fem	nale	*	Nationality:	
Advisor:				
Co-Supervisor	(to be chos	en within	the first year):	
(Please inform t	the CGSC co	ordinator	about the choice.)	
Registered at the	he Dean' Of	fice for th	ne PhD studies	(Date)
Registered for t	the CGSC	(Date)		
Member of and	ther Gradu	ate Progr	am / 3rd party foundr	y:
Signed the	Supervision	n Agreem	ent	
Read the g	uidelines fo	r Safegua	arding Good Academic	Practice and Dealing with
Academic I	Misconduct			

Workshop on Scientific Integrity (Date)

Route card CGSC

Reports					
Year	Type (report, talk, poster,)	Date	Date of evaluation by thesis committee (please use the evaluation form)	Info at CGSC	

Scientific lectures (three lectures are obligatory)					
No.	Title	Lecturer	Date (e.g. 24/25)	Hours	Institution
1					
2					
3					

Partic	Participation in teaching					
No.	Title	Module	Date (e.g. 24/25)	Hours per week	Type of work (e.g. Lab assistant, organization, marking of exams)	
1						
2						
3						
4						
5						
6						
7						

Stay	Stay abroad				
No.	Host	Institution	Type (e.g. conference, Lab project, Summer school)	Period	Funding
1					
2					
3					

Honou	Honours				
No.	Prize /Award	Institution	Date		
1					
2					
3					

Please send well in advance, before handing in the "Gesuch" to Dr. Heike Henneken (heike.henneken@uni-koeln.de). If positively evaluated she will sign the "Gesuch" directly.