Form for registration as a doctoral candidate at the MUL - CT

Before starting to fill out the application form, please make sure that you have already addressed the upcoming questions in the application template. It is not possible to interrupt or restart the application process once you have started.

* Erforderlich

General information about the person

1. Please provide your first name. *

2. Please provide your surname. *

3. If your surname at birth differs from your current surname, please enter it here.

4. Do you already hold a doctorate? *

- ◯ Yes
- ◯ No

5. When did you complete your doctorate? *

6. Do you already hold a habilitation? *

- ◯ Yes
- ◯ No

7. When did you complete your habilitation? *

8. Please enter the street and house number of your residence. *

9. Please enter the postal code of your residence. *

It is a 5-digit number (example: 03042).

10. Please provide the name of your residence (city, town). *

11. Are you resident in Germany? *

- ◯ Yes
- ◯ No

12. Please specify the country in which you reside. *

13. Please provide your contact phone number.

Optional information. Please include the country-specific code. Example for a German telephone number: +49 3537136189

14. Please provide your contact email address. *

This email address will be used for correspondence between you and the university institutions during your doctoral studies.

15. Please provide your date of birth. *

The applicant need to be older than 18 years.

16. In which city were you born? *

17. Were you born in Germany? *

- ◯ Yes
- ◯ No

18. Please enter your country of birth. Bitte geben Sie Ihr Geburtsland ein *

Please use the signature of the country code at the following link:
https://cloud.mul-ct.de/index.php/s/5iymp5gZg9y5Ryw

19. Which gender do you identify with? *

- ◯ Male
- ◯ Female
- ◯ Diverse
- ◯ Not specified

20. What is your nationality? *

- ◯ 000 Germany
- ◯ 124 Belgium
- ◯ 125 Bulgaria
- ◯ 479 China
- ◯ 137 Italy
- ◯ 148 The Netherlands
- ◯ 157 Austria
- ◯ 152 Poland
- ◯ 160 Russia
- ◯ 161 Spain
- ◯ 168 United States of America (USA)
- ◯ 475 Syria
- ◯ Others

21. What is your nationality? Please use the corresponding country code. *

Please use the signature of the country code at the following link:
https://cloud.mul-ct.de/index.php/s/5iymp5gZg9y5Ryw

22. Do you have another nationality? *

- ◯ Yes
- ◯ No

23. What is your additional nationality? *

- ◯ 000 Germany
- ◯ 124 Belgien
- ◯ 125 Bulgaria
- ◯ 479 China
- ◯ 137 Italy
- ◯ 148 The Netherlands
- ◯ 157 Austria
- ◯ 152 Poland
- ◯ 160 Russia
- ◯ 161 Spain
- ◯ 168 United States of America (USA)
- ◯ 475 Syria
- ◯ Others

24. What is your additional nationality? Please provide the corresponding county code. *

Please use the signature of the country code at the following link:
https://cloud.mul-ct.de/index.php/s/5iymp5gZg9y5Ryw

First-time enrollment (as a student)

25. At which country is the university where you were first enrolled? *

- ◯ in Germany
- ◯ in another country

26. What is the name of the university? *

Please use the signature of the university code at the following link:
https://cloud.mul-ct.de/index.php/s/bYqySjkZZm22tLs

27. Please enter the country code of the country in which the university of your initial enrollment is located. *

Please use the signature of the country code at the following link:
https://cloud.mul-ct.de/index.php/s/5iymp5gZg9y5Ryw

28. Which semester was your first enrollment? *

- ◯ Summer semester
- ◯ Winter semester

29. In which year did you first enroll? *

4-digit number (example 2005)

Final examination authorizing a doctorate

30. Have you already passed the final examination required for doctoral studies (university degree in accordance with doctoral regulations)? *

- ◯ No
- ◯ Yes

31. In order to successfully complete the registration process as a doctoral candidate, a final examination authorizing the candidate to pursue a doctorate must be submitted to the Doctoral Office. The final decision will be taken by the Doctoral Committee. *

- ◯ I am aware of this circumstance and the necessary final certificate will be submitted immediately.

32. Where is the university responsible for awarding the degree that qualifies you for doctoral studies? *

- ◯ in Germany
- ◯ in another country

33. What is the name of the university? *

Please use the signature of the university code at the following link:
https://cloud.mul-ct.de/index.php/s/bYqySjkZZm22tLs

34. In which country did you obtain or will you obtain the degree that qualifies you for doctoral studies? *

- ◯ 000 Germany
- ◯ 124 Belgium
- ◯ 125 Bulgaria
- ◯ 479 China
- ◯ 137 Italy
- ◯ 148 The Netherlands
- ◯ 157 Austria
- ◯ 152 Poland
- ◯ 160 Russia
- ◯ 161 Spain
- ◯ 168 United States of America (USA)
- ◯ 475 Syria
- ◯ Others

35. Please provide the code of the country in which you obtained the degree that qualifies or will qualify you for doctoral studies. *

Please use the signature of the country code at the following link:
https://cloud.mul-ct.de/index.php/s/5iymp5gZg9y5Ryw

36. In the case of a foreign university degree, the candidate has to apply to the relevant state authority for equivalence before being accepted by the Doctoral Committee. *

- ◯ I have understood and will send it.

37. What was the first subject you studied? *

Please use the signature of the subject code at the following link:
https://cloud.mul-ct.de/index.php/s/8X2njBfPXDYaBiA

38. What type of final exam is it? *

Please use the signature of the final exam code at the following link:
https://cloud.mul-ct.de/index.php/s/DrZ3HWMEALtX44N
Example 1: You have obtained a master´s degree at a university (not a teaching degree) = 788
Example 2: You have obtained a state examination at a university (not a teaching degree) = 108
Example 3: You have obtained a diploma at a university = 111

39. In which month did you obtain your final exam or will you obtain it? *

- ◯ 08
- ◯ 07
- ◯ 01
- ◯ 12
- ◯ 05
- ◯ 06
- ◯ 03
- ◯ 09
- ◯ 10
- ◯ 04
- ◯ 11
- ◯ 02

40. In which year did you obtain your final exam or will you obtain it? *

4-digit number (example: 2005)

41. Please indicate the overall grade you have achieved or will achieve. *

For ≤ 1.5, please enter 1; for > 1.5 - 2.5, please enter 2; for > 2.5 - 3.5, please enter 3; for > 3.5 - 4, please enter 4.

Higher education qualification

42. Please indicate the year in which you have obtained your higher education qualification. *

4-digit number (example: 2005)

43. What type of higher education qualification did you obtain? *

- ◯ 03 General higher education qualification (A-levels) at a high school
- ◯ 48 Subject-specific university qualification at a technical college
- ◯ 73 Technical college qualification at a technical college (e.g., master technical college or vocational academy)
- ◯ Others

44. What type of higher education qualification did you obtain? *

Please use the signature of the education code at the following link:
https://cloud.mul-ct.de/index.php/s/cafnXWN2bAGmfQX

45. Did you obtain the higher education qualification in Germany? *

- ◯ Yes
- ◯ No

46. In which German federal state did you obtain your higher education qualification? *

- ◯ 08 Baden-Wuerttemberg
- ◯ 09 Bavaria
- ◯ 11 Berlin
- ◯ 12 Brandenburg
- ◯ 04 Bremen
- ◯ 02 Hamburg
- ◯ 06 Hesse
- ◯ 13 Mecklenburg-Western Pomerania
- ◯ 03 Lower Saxony
- ◯ 05 North Rhine-Westphalia
- ◯ 07 Rhineland-Palatinate
- ◯ 10 Saarland
- ◯ 14 Saxony
- ◯ 15 Saxony-Anhalt
- ◯ 01 Schleswig-Holstein
- ◯ 16 Thuringia

47. In which county or independent city did you obtain your higher education qualification? *

Please use the signature of the county code at the following link:
https://cloud.mul-ct.de/index.php/s/zZzNsa9A8XpHxFG

48. In which country did you obtain your higher education qualification? *

- ◯ 124 Bulgaria
- ◯ 124 Belgium
- ◯ 479 China
- ◯ 137 Italy
- ◯ 148 The Netherlands
- ◯ 151 Austria
- ◯ 152 Poland
- ◯ 160 Russia
- ◯ 161 Spain
- ◯ 168 United Kingdom (UK), Great Britain
- ◯ 368 United States of America (USA)
- ◯ Others

49. Please provide the 3-digit code of the country in which you have obtained your higher education qualification. *

Please use the signature of the country code at the following link:
https://cloud.mul-ct.de/index.php/s/5iymp5gZg9y5Ryw

Information on doctoral studies

50. Do you aim your doctoral studies at the MUL - CT? *

- ◯ Yes
- ◯ No

51. Which university do you intend to pursue your doctorate? *

Please use the signature of the university code at the following link:
https://cloud.mul-ct.de/index.php/s/bYqySjkZZm22tLs

52. Which type of doctorate are you aiming for? *

- ◯ Doctorate at MUL-CT (including cooperation with another university in Germany)
- ◯ Doctorate at MUL-CT in cooperation with a foreign university
- ◯ Doctorate at MUL-CT in cooperation with university of applied sciences
- ◯ Doctorate at MUL-CT in cooperation with research institution
- ◯ Doctorate at MUL-CT in cooperation with business or other institutions

53. Are cooperation partners involved in your doctoral project? *

- ◯ Yes
- ◯ No

54. Please provide information on the cooperation partner involved in your doctoral project. *

Please use the signature of the university code at the following link:
https://cloud.mul-ct.de/index.php/s/bYqySjkZZm22tLs

55. Which cooperation partner is involved in your doctoral project? *

Research institution, business partner, or further institutions

56. In which country is the cooperation partner located? *

Please use the signature of the country code at the following link:
https://cloud.mul-ct.de/index.php/s/5iymp5gZg9y5Ryw

57. Please indicate the subject of your doctorate project. *

- ◯ 009 Anthropology (Human Biology)
- ◯ 025 Biochemistry
- ◯ 107 Medicine (General Medicine)
- ◯ 195 Health Education
- ◯ 232 Health Science/Management
- ◯ 234 Nursing Science/Management
- ◯ 300 Biomedicine
- ◯ 549 Occupational Therapy
- ◯ 550 Midwifery Science
- ◯ 551 Speech Therapy
- ◯ 552 Physical Therapy
- ◯ Others

58. What subject are you aiming to study for your doctorate? *

Please use the signature of the subject code at the following link:
https://cloud.mul-ct.de/index.php/s/8X2njBfPXDYaBiA

59. Please indicate the research field of your doctorate project. *

Please use the 3-digit ID (KDSF 2.0) at the following link:
https://kerndatensatz-forschung.de/kdsf_standard/persistent.php?id=Klassif-L-19

60. In which field of MUL-CT are you pursuing your doctorate? *

- ◯ Anesthesiology, Intensive care, and Palliative medicine
- ◯ Ophthalmology
- ◯ Breast Center
- ◯ Chest Pain Unit
- ◯ Surgery
- ◯ Colorectal Cancer Center
- ◯ Dermatology, Venereology & Allergology
- ◯ Diabetes Center
- ◯ Diabetology
- ◯ Dysplasia Unit
- ◯ Maximum Care Endoprosthetics Center
- ◯ Gynecology
- ◯ Gastroenterology & Rheumatology
- ◯ Obstetrics
- ◯ Geriatrics
- ◯ Gynecological Cancer Center
- ◯ Hematology, Oncology & Nephrology
- ◯ ENT Diseases, Head and Neck surgery
- ◯ Interdisciplinary Skull Base Center
- ◯ Cardiology, Rhythmology & Angiology
- ◯ Pediatrics
- ◯ Head and Neck Tumor Center
- ◯ Laboratory Medicine
- ◯ Microbiology & Hospital Hygiene
- ◯ Oral, Maxillofacial, Facial, Reconstructive & Plastic Surgery
- ◯ Nephrology
- ◯ Neurosurgery
- ◯ Neurology
- ◯ Emergency Medical Center
- ◯ Nuclear Medicine

- ◯ Orthopedics
- ◯ Pancreatic Cancer Center
- ◯ Pathology
- ◯ Level 1 Perinatal Center
- ◯ Pulmonology
- ◯ Psychiatry, Psychotherapy & Psychosomatics
- ◯ Radiology & Neuroradiology
- ◯ Radiooncology & Radiotherapy
- ◯ Robot-assisted Surgery
- ◯ Other Gastrointestinal Tumors
- ◯ Social Pediatric Center
- ◯ Lausitz Tumor Center - Oncology Center
- ◯ Supra-regional Trauma Center
- ◯ Accident, Reconstructive, and Hand Surgery
- ◯ Urology & Pediatric Urology
- ◯ Uro-oncology Center
- ◯ Visceral Oncology Center
- ◯ Spine Center
- ◯ Wound Care Center
- ◯ Central Emergency Room
- ◯ Center for Foot and Ankle Surgery
- ◯ Center for Hematological Neoplasms
- ◯ Center for Rare & Unexplained Diseases
- ◯ Others

61. Please indicate the field of study at MUL - CT in which you are pursuing a doctorate. *

62. Please specify the type of registration as a doctoral candidate. *

- ◯ Initial Registration
- ◯ New Registration
- ◯ Active Continuation

63. Are you completing a structured doctoral program? *

A structured doctoral program offers a systematic procedure for pursuing a doctorate, which is supported by the academic and social integration of the doctoral candidate(s).

- ◯ Yes
- ◯ No

64. Please indicate the name of the structured doctoral program. *

65. Are you enrolled at MUL - CT? *

- ◯ Yes
- ◯ No

66. What is your student ID number? *

67. Do you have an employment contract at the MUL - CT? *

- ◯ Yes
- ◯ No

68. What is your employment status at the MUL-CT? *

- ◯ Scientific or artistic staff
- ◯ Research support staff
- ◯ Administrative staff
- ◯ Trainee
- ◯ Practical trainee
- ◯ Other administrative or technical stuff
- ◯ Other scientific or artistic stuff
- ◯ External person
- ◯ Others

69. What type of activity are you engaged in? *

- ◯ Full-time / In a full-time position
- ◯ Part-time / Secondary occupation

70. In the context of the registration of the doctoral project, you are required to register as a visiting fellow. A confirmation shall be enclosed with the remaining documents to be submitted. *

Applications for the visiting fellow position should be submitted to the Human Resources Department at MUL - CT.

- ◯ Yes, I am aware of that and I have understood.

71. Please indicate the month in which you wish to begin your doctoral studies. *

- ◯ 01
- ◯ 02
- ◯ 03
- ◯ 04
- ◯ 05
- ◯ 06
- ◯ 07
- ◯ 08
- ◯ 09
- ◯ 10
- ◯ 11
- ◯ 12

72. Please indicate the year in which you wish to begin your doctoral studies. *

73. Please indicate the month in which you wish to finsih your doctoral studies. *

- ◯ 01
- ◯ 02
- ◯ 03
- ◯ 04
- ◯ 05
- ◯ 06
- ◯ 07
- ◯ 08
- ◯ 09
- ◯ 10
- ◯ 11
- ◯ 12

74. Please indicate the year in which you wish to finish your doctoral studies. *

75. How many hours per week do you plan to spend on your doctoral project? *

Please provide a number.

76. How many days per month do you plan to spend on your doctoral project? *

Please provide a number.

77. How many months are planned for the whole processing time of the doctoral project? *

Please provide a number.

78. Is a sabbatical semester exclusively for research anticipated or planned? *

- ◯ Yes
- ◯ No

79. How many months are planned for the sabbatical semester? *

Please provide a number.

80. Please indicate the funding for the doctoral project. *

- ◯ By internal funding / institutional funding
- ◯ By third-party funding
- ◯ By special funding
- ◯ By other funding
- ◯ By mixed fundig
- ◯ By external funding
- ◯ No funding

81. Are you involved in a financially supported project as part of your doctoral research? *

- ◯ Yes
- ◯ No

82. Please indicate the funding reference number of the project that is financing the doctoral project. *

In the case of absolutely no funding, please indicate "no funding". In the case of using internal resources or funding of the institution, please indicate "institutional funding".

83. Please specify your position in the project. *

- ◯ Applicant
- ◯ Spokesperson
- ◯ Project leader
- ◯ Project coordinator
- ◯ Scientific employee
- ◯ Scientific trainee
- ◯ Student assistent
- ◯ Visiting scholar
- ◯ Others
- ◯ None

84. Please specify your position in the project. *

85. When did you start the position as spokesperson ? *

86. When is the position as spokesperson expected to end? *

87. When did you become involved in the project? *

88. When will you end your participation in the project? *

Information about the project

89. What doctoral degree are you pursuing? *

- ◯ Dr. med.
- ◯ Dr. rer. medic.
- ◯ Ph.D.

90. I am aware that the Ph.D. program also requires successful participation in an internal university selection process. *

- ◯ I am aware of this issue and will apply it.

91. Which type of dissertation are you pursuing? *

- ◯ Monograph
- ◯ Publication-based / cumulative dissertation

92. I am aware that a publication-based dissertation requires at least one (for Ph.D. two needed) first authorships and one co-authorship in international journals with peer-review process. *

- ◯ Yes, I am aware of it and will produce as needed.

93. What is the language anticipated for the dissertation? *

- ◯ German
- ◯ English

94. What is the title of the doctoral project and the anticipated dissertation? *

Please limit yourself to a maximum of 250 characters (including spaces).

95. Please describe your doctoral project. *

Please limit yourself to a maximum of 4000 characters (including spaces).

96. Please explain the research question, hypotheses, and objectives of your doctoral project. *

Please limit yourself to a maximum of 1000 characters (including spaces).

97. Please provide preliminary results and already established methods needed for the doctoral project. *

Please limit yourself to a maximum of 2000 characters (including spaces). You are also welcome to refer to work already published by you or the host institution.

98. For experiments involving animals, authorization from the responsible regulatory agency is required. *

An authorization...

- ◯ is available and will be enclosed.
- ◯ will be applied by the primary supervisor.
- ◯ is not applicable, as no experiments are conducted on animals.

99. For studies involving humans, human material, or personal data (i.e., collection and/or evaluation of data, such as treatment data), the opinion of the responsible medical ethics committee must be obtained before the study begins. This also includes retrospective evaluations. The framework conditions for proper study implementation must be ensured. It is not possible to obtain (retrospective) advice from the ethics committee after completion of the work. *

Vote of the medical ethics committe...

- ◯ is available.
- ◯ is applied for by the primary supervisor.
- ◯ is not applicable.

Supervising Persons

The following information is required to allow you to pursue your doctoral studies at the Medical University of Lausitz - Carl Thiem. This doctoral agreement defines the framework conditions and arrangements for the implementation of your doctoral project. According to § 4 (7) of the doctoral regulations (2025), the execution of the doctoral agreement is a formal requirement for beginning the work on your doctoral project.

Information about the primary supervisor

100. Please provide the first name. *

101. Please provide the surname. *

102. Academic degree *

- ◯ Professorship
- ◯ Habilitation
- ◯ Associate professor (PD)
- ◯ Doctorate (PhD)

103. At which university is the primary supervisor affiliated? *

- ◯ MUL - CT
- ◯ Other university
- ◯ Other research institution

104. In which field of MUL-CT is the primary supervisor working? *

- ◯ Anesthesiology, Intensive care, and Palliative medicine
- ◯ Ophthalmology
- ◯ Breast Center
- ◯ Chest Pain Unit
- ◯ Surgery
- ◯ Colorectal Cancer Center
- ◯ Dermatology, Venereology & Allergology
- ◯ Diabetes Center
- ◯ Diabetology
- ◯ Dysplasia Unit
- ◯ Maximum Care Endoprosthetics Center
- ◯ Gynecology
- ◯ Gastroenterology & Rheumatology
- ◯ Obstetrics
- ◯ Geriatrics
- ◯ Gynecological Cancer Center
- ◯ Hematology, Oncology & Nephrology
- ◯ ENT Diseases, Head and Neck surgery
- ◯ Interdisciplinary Skull Base Center
- ◯ Cardiology, Rhythmology & Angiology
- ◯ Pediatrics
- ◯ Head and Neck Tumor Center
- ◯ Laboratory Medicine
- ◯ Microbiology & Hospital Hygiene
- ◯ Oral, Maxillofacial, Facial, Reconstructive & Plastic Surgery
- ◯ Nephrology
- ◯ Neurosurgery
- ◯ Neurology
- ◯ Emergency Medical Center
- ◯ Nuclear Medicine

- ◯ Orthopedics
- ◯ Pancreatic Cancer Center
- ◯ Pathology
- ◯ Level 1 Perinatal Center
- ◯ Pulmonology
- ◯ Psychiatry, Psychotherapy & Psychosomatics
- ◯ Radiology & Neuroradiology
- ◯ Radiooncology & Radiotherapy
- ◯ Robot-assisted Surgery
- ◯ Other Gastrointestinal Tumors
- ◯ Social Pediatric Center
- ◯ Lausitz Tumor Center - Oncology Center
- ◯ Supra-regional Trauma Center
- ◯ Accident, Reconstructive, and Hand Surgery
- ◯ Urology & Pediatric Urology
- ◯ Uro-oncology Center
- ◯ Visceral Oncology Center
- ◯ Spine Center
- ◯ Wound Care Center
- ◯ Central Emergency Room
- ◯ Center for Foot and Ankle Surgery
- ◯ Center for Hematological Neoplasms
- ◯ Center for Rare & Unexplained Diseases
- ◯ Others

105. In which field of MUL-CT is the primary supervisor working? *

106. At which university is the primary supervisor affiliated? *

Please use the signature of the university code at the following link:
https://cloud.mul-ct.de/index.php/s/bYqySjkZZm22tLs

107. At which other research institution is the primary supervisor affiliated? *

108. Please provide the office address of the primary supervisor. *
(street, house number, postal code, city, country)

109. Please provide the office phone number of the primary supervisor. *

110. Please provide the office email address of the primary supervisor. *

Information about the secondary supervisor

111. Please provide the first name. *

112. Please provide the surname. *

113. Academic degree *

- ◯ Professorship
- ◯ Habilitation
- ◯ Associate professor (PD)
- ◯ Doctorate (PhD)

114. At which university is the secondary supervisor affiliated? *

- ◯ MUL - CT
- ◯ Other university
- ◯ Other research institution

115. In which field of MUL-CT is the secondary supervisor working? *

- ◯ Anesthesiology, Intensive care, and Palliative medicine
- ◯ Ophthalmology
- ◯ Breast Center
- ◯ Chest Pain Unit
- ◯ Surgery
- ◯ Colorectal Cancer Center
- ◯ Dermatology, Venereology & Allergology
- ◯ Diabetes Center
- ◯ Diabetology
- ◯ Dysplasia Unit
- ◯ Maximum Care Endoprosthetics Center
- ◯ Gynecology
- ◯ Gastroenterology & Rheumatology
- ◯ Obstetrics
- ◯ Geriatrics
- ◯ Gynecological Cancer Center
- ◯ Hematology, Oncology & Nephrology
- ◯ ENT Diseases, Head and Neck surgery
- ◯ Interdisciplinary Skull Base Center
- ◯ Cardiology, Rhythmology & Angiology
- ◯ Pediatrics
- ◯ Head and Neck Tumor Center
- ◯ Laboratory Medicine
- ◯ Microbiology & Hospital Hygiene
- ◯ Oral, Maxillofacial, Facial, Reconstructive & Plastic Surgery
- ◯ Nephrology
- ◯ Neurosurgery
- ◯ Neurology
- ◯ Emergency Medical Center
- ◯ Nuclear Medicine

- ◯ Orthopedics
- ◯ Pancreatic Cancer Center
- ◯ Pathology
- ◯ Level 1 Perinatal Center
- ◯ Pulmonology
- ◯ Psychiatry, Psychotherapy & Psychosomatics
- ◯ Radiology & Neuroradiology
- ◯ Radiooncology & Radiotherapy
- ◯ Robot-assisted Surgery
- ◯ Other Gastrointestinal Tumors
- ◯ Social Pediatric Center
- ◯ Lausitz Tumor Center - Oncology Center
- ◯ Supra-regional Trauma Center
- ◯ Accident, Reconstructive, and Hand Surgery
- ◯ Urology & Pediatric Urology
- ◯ Uro-oncology Center
- ◯ Visceral Oncology Center
- ◯ Spine Center
- ◯ Wound Care Center
- ◯ Central Emergency Room
- ◯ Center for Foot and Ankle Surgery
- ◯ Center for Hematological Neoplasms
- ◯ Center for Rare & Unexplained Diseases
- ◯ Others

116. In which field of MUL-CT is the secondary supervisor working? *

117. At which university is the secondary supervisor affiliated? *

Please use the signature of the university code at the following link:
https://cloud.mul-ct.de/index.php/s/bYqySjkZZm22tLs

118. At which research institution is the secondary supervisor affiliated? *

119. Please provide the office address of the primary supervisor. *
(street, house number, postal code, city, country)

120. Please provide the office phone number of the primary supervisor. *

121. Please provide the office email address of the primary supervisor. *

122. Are additional supervising persons planned? *

- ◯ Yes
- ◯ No

Information about additional supervising person

123. Please provide the first name. *

124. Please provide the surname. *

125. Academic degree *

- ◯ Professorship
- ◯ Habilitation
- ◯ Associate professor (PD)
- ◯ Doctorate (PhD)

126. At which university is the primary supervisor affiliated? *

- ◯ MUL - CT
- ◯ Other university
- ◯ Other research institution

127. In which field of MUL-CT is the primary supervisor working? *

- ◯ Anesthesiology, Intensive care, and Palliative medicine
- ◯ Ophthalmology
- ◯ Breast Center
- ◯ Chest Pain Unit
- ◯ Surgery
- ◯ Colorectal Cancer Center
- ◯ Dermatology, Venereology & Allergology
- ◯ Diabetes Center
- ◯ Diabetology
- ◯ Dysplasia Unit
- ◯ Maximum Care Endoprosthetics Center
- ◯ Gynecology
- ◯ Gastroenterology & Rheumatology
- ◯ Obstetrics
- ◯ Geriatrics
- ◯ Gynecological Cancer Center
- ◯ Hematology, Oncology & Nephrology
- ◯ ENT Diseases, Head and Neck surgery
- ◯ Interdisciplinary Skull Base Center
- ◯ Cardiology, Rhythmology & Angiology
- ◯ Pediatrics
- ◯ Head and Neck Tumor Center
- ◯ Laboratory Medicine
- ◯ Microbiology & Hospital Hygiene
- ◯ Oral, Maxillofacial, Facial, Reconstructive & Plastic Surgery
- ◯ Nephrology
- ◯ Neurosurgery
- ◯ Neurology
- ◯ Emergency Medical Center
- ◯ Nuclear Medicine

- ◯ Orthopedics
- ◯ Pancreatic Cancer Center
- ◯ Pathology
- ◯ Level 1 Perinatal Center
- ◯ Pulmonology
- ◯ Psychiatry, Psychotherapy & Psychosomatics
- ◯ Radiology & Neuroradiology
- ◯ Radiooncology & Radiotherapy
- ◯ Robot-assisted Surgery
- ◯ Other Gastrointestinal Tumors
- ◯ Social Pediatric Center
- ◯ Lausitz Tumor Center - Oncology Center
- ◯ Supra-regional Trauma Center
- ◯ Accident, Reconstructive, and Hand Surgery
- ◯ Urology & Pediatric Urology
- ◯ Uro-oncology Center
- ◯ Visceral Oncology Center
- ◯ Spine Center
- ◯ Wound Care Center
- ◯ Central Emergency Room
- ◯ Center for Foot and Ankle Surgery
- ◯ Center for Hematological Neoplasms
- ◯ Center for Rare & Unexplained Diseases
- ◯ Others

128. Please indicate the field of study at MUL - CT in which you are pursuing a doctorate. *

129. At which university is the additional supervisor affiliated? *

Please use the university code at the following link:
https://cloud.mul-ct.de/index.php/s/bYqySjkZZm22tLs

130. At which research institution is the additional supervisor affiliated? *

131. Please provide the office address of the additional supervisor. *
(street, house number, postal code, city, country)

132. Please provide the office phone number of the additional supervisor. *

133. Please provide the office email address of the additional supervisor. *

Supervision Agreements

134. Please indicate the frequency of regular scientific meetings with your supervisors. *

Meetings have to be scheduled at regular intervals. Phrases like "as needed" or similar are not acceptable.

135. Please specify the work schedule and timeline for the intended doctoral project that you have agreed with your supervisors. *

136. Please specify the agreements you have made with your supervisors regarding possible associated qualification programs and interdisciplinary qualification events that you can/should attend during the period of your doctoral project. *

137. I hereby declare my commitment to participate in courses on organization, methodology, communication, and leadership in science, as well as courses for further specialization in my field of research and other suitable courses, including doctoral colloquia, events on good scientific practice, the scientific interpretation of studies and test results, and risk competence. *

◯ I hereby confirm this commitment.

138. I hereby agree to follow the rules and regulations of MUL - CT. I also agree to work on the described doctoral project in a reasonably timely manner. I shall report regularly to my supervisors on the preparations, implementation, and progress of the doctoral project. At the request of my supervisors, I shall submit proof of my achievements and partial results. Furthermore, I shall regularly participate in working group and institute seminars. *

◯ I hereby confirm this commitment.

139. I hereby accept the doctoral regulations of the Medical University of Lausitz - Carl Thiem (MUL - CT) dated June 6, 2025, and agree to comply with the statutes set therein. *

◯ Yes, I hereby accept it.

140. The doctoral candidate and the supervisors hereby declare that they will exchange information on the progress of the project at the specified intervals. The supervisors will continue to support the doctoral candidate's academic independence in an appropriate manner. All undersigned parties undertake to follow the guidelines for good academic practice. The supervisory relationship will continue until the completion of the doctoral process. Any termination of the supervisory relationship must be submitted to the chair of the doctoral committee with reasons. *

◯ Read and understood

141. The doctoral candidate and the supervisors hereby declare that they will discuss the progress of the work in previously scheduled regular supervision meetings and record this in writing. In reasonable cases, the supervision meetings may also be conducted by the secondary supervisor. Both the written documentation of the supervision meetings and the evidence of fulfillment of the arrangements specified in the doctoral agreement are requirements for the initiation of the doctoral procedure and must be submitted to the doctoral committee using the online form "Initiation of the doctoral procedure."

142. The supervisors agree to provide the doctoral candidate with expert advice and to enable rapid progress. Furthermore, the supervisors shall ensure that adequate facilities and the equipment necessary for the project are available. In this context, care shall be taken to ensure that the necessary authorizations are obtained and regulations are complied as required for the doctoral project.

143. The supervisors agree to support the compatibility of family life and academic work. Special assistance programs will be arranged as needed and should be listed here.

144. All people involved in the doctoral project should try to find a consensual agreement in case of disagreements or conflicts. If needed, the MUL-CT ombudsman's office should be consulted.

145. The doctoral agreement may be terminated by mutual agreement between the participants. Unilateral termination has to be made in written form. The termination of the doctoral agreement requires notification to the doctoral committee. Should the doctoral candidate be rejected by the doctoral committee, the doctoral agreement shall be terminated. This also applies after the publication requirement has been fulfilled.

146. Should any part of the doctoral agreement be or become fully or partially inoperative or inexecutable, this shall not affect the validity of the remaining agreements contained in the document. The invalid or unenforceable provision shall then be replaced by a replacement provision that most closely approximates the meaning and purpose of the doctoral agreement. The same shall apply if it becomes apparent that the doctoral agreement contains a legal gap.

147. By giving your approval, you are agreeing to the collection, evaluation, and storage of data for a period of 10 years from the date of your consent, unless other legal provisions apply. The relevant data protection information requirements can be found at the following link:https://cloud.mul-ct.de/index.php/s/A4B3bBWWCmkEEyT *

◯ Yes, I agree

148. In addition to the information already provided, please send the following documents to the email address promotionsbuero@mul-ct.de: a copy of your university degree certificate qualifying you for doctoral studies, and a tabular, chronological, and hand-signed curriculum vitae. Furthermore, if necessary, please send us confirmation from the federal state authority (Central Office for Foreign Education (ZAB)) recognizing your foreign university degree and, if required, a positive ethics vote from the relevant ethics committee regarding your project. *

◯ Habe ich gelesen und werde ich übermitteln

149. After completing the registration form, please follow these instructions:
1) Once you have successfully completed and submitted the registration form, please generate and save the form for your documentation.
2) The information you have provided will be reviewed by the Doctoral Office. If any information is insufficient, the Doctoral Office will contact you.
3) If the information is formally correct and sufficient, the doctoral office will confirm this and send you the registration form as a PDF file.
4) Please ensure that you, as well as the primary and secondary supervisors of the doctoral project, sign the registration form sent by the Doctoral Office and forward it back to the Doctoral Office via email.
5) Once the university representative has also signed the document, the doctoral agreement is considered accepted.
6) In the meantime, the doctoral committee will review the doctoral-related data from the registration form accepted by the doctoral office and discuss all relevant points. If the doctoral committee approves the doctoral project and the registration form signed by all parties has been accepted by the doctoral office, you will be informed in written form about your acceptance as a doctoral candidate at MUL - CT. *

◯ Yes, I have read and understood it.

150. Date and signature of the candidate

Please do not sign until you have received the document back from the doctoral office after it has been successfully reviewed.

151. Date and signature of the primary supervising person

Please do not sign until you have received the document back from the doctoral office after it has been successfully reviewed.

152. Date and signature of the secondary supervising person

Please do not sign until you have received the document back from the doctoral office after it has been successfully reviewed.

153. Date and signature of the university presentative

Please do not sign until you have received the document back from the doctoral office after it has been successfully reviewed.