



Science Communication Engagement within the iFIT Cluster of Excellence PhD Training Program

Full name of doctoral student:

Full name of iFIT supervisor:

Title of event:

Date, time and duration of event:

I, as the supervisor of this doctoral student, fully support my doctoral student's intent to actively organize, conceptualize, plan and implement activities within the event mentioned above. Furthermore, I am confirming that with this work my doctoral student is dedicating a significant amount of time in order to enable the success of this science communication event. After the event has passed, we will request written confirmation by the event organizer that the doctoral student was indeed active and present for the duration of the event (see below).

Location and date

Signature of supervisor

Confirmation by Event Organizer

As the event organizer, I confirm that this doctoral student was actively working towards the success of this event for its entire duration and that their commitment was greatly appreciated.

Location and date

Printed name and signature of event organizer

Cluster of Excellence 2180
Image-Guided and Functionally
Instructed Tumor Therapies (iFIT)
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