

Medizinische Fakultät

Application for registration for a doctorate (Dr. med., Dr.med.dent.) –External (*Mandatory, see list of attachments page 5)

Version Jan 2021

Data query

- 1. Title of the project* (detailed title)
- 2. Intended doctoral procedure*
- **3. Details of the type of the project*** (experimental, clinical retrospective, clinical prospective, epidemiological, medical-historical, if necessary a short explanation)
- 4. Embedding of the project in the research focus of the group*
- 5. Research Area* (e.g. Oncology, Psychology, ...)
- 6. Begin of the project*
- 7. Participation in structured doctoral programme

8. Persons involved*

(Note: the consent of all persons listed here has to be obtained)

Doctoral student (name, address, contact details)

Relation to the MFT* (student or employee at the MFT, etc.)

Supervisor with Habilitation (name, address, contact details)

Relation to the MFT (full-time employee at MFT, lectureship, etc.)

If necessary additional supervisor (name, address, contact details)

If necessary cooperation partner (name, address, contact details)

Clinic or institute where the project is to be carried out

Medical director / director of the institute (name, address, contact details)

9. **Support concept*** (e.g. familiarisation, information on seminars in the department / meetings in which the doctoral project is presented to specialist colleagues, ...)

Comments on possible conflict of interest (e.g. use of data for supervisor's Habilitation)

Connection to the faculty with externally habilitated supervisor *

- a) Contact details of second supervisor (habilitated, full-time employed at the Medical Faculty)
- b) Participation in seminar / group meeting of a department of the MFT
- c) Other

Planned meeting with supervisor* (please name approximate dates of meetings and list all participants)

Individual accompanying course programme

- **10. Biometric counselling / Training in statistical methods*** (completed or planned)
- 11. Financing

Declaration

To be completed by the supervisor /Stellungnahme der Betreuerin/des Betreuers für die Ethik-Kommission

- 1) Keine Forschung am oder mit Menschen oder mit menschlichem Material oder mit Daten vom Menschen
- 2) Eine Beratung hat unter folgender Projekt-Nr. bereits stattgefunden: Projekt-Nummer der Ethik-Kommission (ohne Angabe der Projektnummer keine Zustimmung zur Promotion):
 Kopie des Votums einer auswärtigen Ethik-Kommission
- 3) Forschung mit käuflichen menschlichen Zelllinien oder käuflichen menschlichen Körperteilen
- Sonstiges. Bitte fügen Sie die Unterlagen zur Beurteilung durch die Ethik-Kommission bei.
 Informationen dazu finden Sie auf der Internetseite der Ethik-Kommission. Bitte wollen Sie sich detailliert an die Vorgaben auf der Homepage halten.

Name/tel. no. (mobile) of additonal contact person for the ethics committee:

Declarations of supervisor and doctoral candidate

Declaration of the doctoral candidate:

I declare that the information I have given in this application form is complete and accurate and that I have not applied for admission as a doctoral student at any other university/institution. I declare my consent to the plagiarism check at the time of submission of my thesis.

Date / Signature of doctoral candidate

Declaration of supervisor and doctoral candidate

We declare our commitment to comply with regulations governing the confidentiality of patient data/other data and the anonymous publication of such data

Date / Signature of doctoral candidate

Date / Signature / Stamp / Supervisor

Agreement / endorsement of the head of the department or institute responsible for the data used

Date I Signature I Stamp I head of department or institute

Stellungnahme der Ethik-Kommission

- keine Einwände
- Einwände

Datum

Unterschrift Dr. O. Scheck

Wird vom Dekanat ausgefüllt (To be completed by the deanery)

angenommen/abgelehnt

Datum

Attachments to the application

- A) Copies of degree certificates
- B) Copy of the supervision agreement
- C) Tabular presentation of the academic career (for external applicants: a motivation letter has to be added for a promotion in Tübingen)
- D) Project outline (see below)
- E) Summarized information on the doctoral procedure applied from the supervisor (see below)
- F) Ethics application and ethics vote (not older than 3 years at the time of application) or permission for animal experiments
- G) Personal data of doctoral student

Attachment C) to the application for registration of a doctoral procedure:

Tabular presentation of the academic career of the doctorial candidateVersion: Jan. 2021Name of the applicant

<u>Studies 1:</u> Subject

University

From – to

University degree (with date)

Studies 2: Subject

University

From – to

University degree (with date)

<u>Scholarly activities</u> Position 1 (please name the institute and the period of time)

Position 2 (please name the institute and the period of time)

<u>Medical activities</u> Position 1 (please name the institute and the period of time)

Position 2 (please name the institute and the period of time)

Attachment D) to the application for registration of a doctoral procedure:

Project outline

Notes for completion:

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Please fill in all field. If the provided space under point 3 (Material and methods) shouldn't be enough, you can add an additional text document to this attachment (please send us the additional document as a pdf and not as a scan)

Name of applicant

1. Level of scientific knowledge

(approximately. half a page)

2. Goals (Hypotheses)

3. <u>Material and methods</u> (especially statistical methods and study population of clinical studies, inclusion criteria, case number estimation, for experimental studies samples or protocols) (approx. 1 page).

4. <u>**Time schedule**</u> (written out or tabular, e.g. 1st quarter, 2nd quarter,..., if necessary an additional document can be handed in as well)

5. <u>Intended work of the doctoral candidate</u> (own contribution and the specific suitability for it)

6. <u>Bibliography</u> (max 10 references, author, year, journal, volume, pages)

Attachment G) Personal data of doctoral student

Name

Maiden name First name/s Gender

Date and place of birth

Nationality

Phone no.

Email address (indicating a private address, you give your agreement to be contacted after finishing your doctoral studies for alumni issues)

Correspondence address (Street, Postal/ZIP Code, City, Country)

Home address (if different)

Attachment E) to the application for registration of a doctoral procedure:

Summarized information on the doctoral procedure applied from the supervisor

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Name of applicant

Applicant

- ... studies in Tübingen
- ... works at the UKT
- ... works on an ALK (Akademisches Lehrkrankenhaus)
- ... used to study or to work in Tübingen
- ... was/is neither for studies nor for work at the UKT

The applicant's workplace for processing the doctoral project is

- in a facility of the UKT
- at an ALK
- not at the UKT

The data

- comes partly from the UKT
- does not come from the UKT

The supervisor is

- full-time employed at the UKT
- not full-time employed at the UKT but has a laboratory or working group at the UKT
- working at one of our ALK
- active at another research facility (not in Tübingen) / active at another faculty
- active at another clinic or practice (not at our ALK, not the UKT)

The proposed research project is

- experimental
- clinical prospective
- clinical retrospective
- _____

The applicant is connected to other researchers at the MFT via

- Second supervisor on site
- Participation at a departmental seminar or something similar in Tübingen
- Participation at doctoral courses
- At least 2 support meetings with a supervisor who is full-time employed at the UKT

Further remarks: