

Promise of Doctoral Supervision

Student Information

Name: _____

Date/Place of Birth: _____

Nationality: _____

Address: _____

E-mail: _____

Phone Number: _____

Former EBS Student: yes no
If yes, which study programme/s: _____

Date

Signature Doctoral Candidate

Information on Supervision

Name of Supervisor: _____

Department: _____

Date Begin of Supervision: _____

Type of Supervision: internal external

Begin of Employment Contract: _____

End of Employment Contract: _____

FTE (Full time equivalent): _____

GMAT required: yes no
If yes, minimum required score set by professor: _____

Type of Dissertation: Cumulative Thesis Monograph

I gave the applicant above the promise of supervision of her/his doctoral thesis at my department. The applicant is going to hand in her/his application for admission to the Doctoral Committee via the Office for Doctoral Studies.

Date

Signature First Supervisor