**Supervision Agreement for the Acceptance of an Internal Candidate   
to the Doctoral Program in Medical Science**

1. **SUPERVISOR**

**I hereby declare my willingness to supervise the research project of the doctoral candidate**

[Insert name of applicant]

**as part of the Doctoral Program in Medical Science**

**The provisional topic of the dissertation is**

[Enter working title of the dissertation project]

* I hereby declare that the above mentioned topic (or a modified version of it) can be successfully completed by the doctoral candidate within a minimum of three years following the guidelines of good scientific practice. I have also taken note of the regulations pertaining to the degree program.
* Furthermore, I declare that the funding for the project is secure to allow its successful completion, and that access to the required research infrastructure and resources is available throughout the course of the project.
* This applies only to research projects conducted at a Nuremberg Clinic and/or the Nuremberg PMU Medical School. Please list here the physical & human resources required from the clinic and/or the Medical School for the project:

[please state the physical & human resources needed at the PMU Nürnberg for the project here]

* Likewise, I ensure that the formal and legal regulatory frameworks are met, and that the necessary research expertise is available at my/our institute /clinic to enable the doctoral candidate to work on the topic for at least three years.
* I agree to be personally available to the doctoral candidate for advice and mentoring throughout the lifetime of the project.
* Furthermore, I will ensure that the doctoral candidate has unrestricted access to the courses and activities needed to meet the curricular requirements of the Ph.D. program.

Name of Supervisor:

Department/Institution:

E-mail:

Telephone Number:

Date:

Signature:

*Principal supervisors must have the venia legendi (habilitation) (or equivalent) and must be affiliated with the PMU at the locations Salzburg or Nürnberg and/or their associated University Hospitals and Clinics.*

1. **DOCTORAL CANDIDATE**

I hereby declare that I am committed to invest the time and personal effort to successfully complete the dissertation mentioned above, and to pursue the research project over a minimum period of three years. Furthermore, I declare my willingness to carry out the work assigned to me conscientiously and to observe the prevailing regulations and other institutional and internal clinical guidelines.

Furthermore, I agree to the payment of the tuition fee of €2,450.- per academic year to the Paracelsus Medical Private University. The full payment is only required for the first three years of the project. At the beginning of year four, the fee drops to €300.- per academic year.

Name of Candidate:

Department/Institution:

E-Mail:

Telephone Number:

Date:

Signature:

1. **MEMBERS OF THE DISSERTATION COMMITTEE**

**I hereby declare my willingness to co-supervise the doctoral candidate**

[Insert name of applicant]

**The provisional topic of the dissertation is**

[Enter working title of the dissertation project]

Collectively with the lead supervisor, I will be available to mentor and guide the doctoral candidate for the duration of the Doctoral Program in Medical Science. This includes the regular evaluations that are conducted by both co-supervisors jointly with the doctoral candidate and the lead supervisor once every term.

Co-supervisor 1

Name:

Department/Institution:

E-Mail:

Telephone Number:

Date:

Signature:

Co-supervisor 2

Name:

Department/Institution:

E-Mail:

Telephone Number:

Date:

Signature:

*For co-supervisors, a three-year doctoral degree is sufficient. Co-supervisors may be external and do not need to be affiliated with the PMU Salzburg or Nürnberg or with their associated University Hospitals or Clinics. On application, co-supervisors without a three-year doctoral degree may be appointed, if their expertise is crucial for the success of the research project*